Rainbow® Children's Hospital
It takes a lot to treat the little.

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date : 04.06.2026

TO WHOMSOEVER IT MAY CONCERN

Subject : Estimation for Delivery

Dear Sir / Madam

This is to inform you that patient name Mrs.SURYAPRAKASH PAYAL INNANI W/O PANKAJ JHAWAR 30yrs old female have requested admission at Rainbow Children's Hospital & BirthRight, Himayatnagar for delivery ,with a preference for a private room.

The estimated cost of treatment along with the expected duration of stay is as follow:

* Normal Delivery :Approx 1,55,000/- (2days stay , Pharmacy up to 9,000/-,investigation 2,500/- inclusive in package)

* LSCS (Cesarean section) : Approx 1,65,000/- (3 days stay , Pharmacy up to 12,000/- , Investigation 3,000/- inclusive in package)

* Baby bill actual

The above estimates are approximate and may vary depending on your clinical condition,any complication arising during treatment ,and the actual duration of hospitalization.

Thanking you .

Yours faithfully ,
Ms. Sudha Madhuri
Manager - IP billing

4/06/2026

Note: This letter is issued for insurance claim purpose only.

HNH-00015778 IP26-00006932
Mrs SURYAPRAKASH PAYAL INNANI
01-12-1995 30 Y 7 M 23 D (F)
Dr. PADMAJA YELISETTY

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SURGERY DETAILS

Date : 24/7/26

Patient Name: Mrs. Suryaprakash payal innani Date of Birth: 1/12/1995 Age: 30Y

Gender: Female Ward : OT UHID No.: HNH-00015778

Date of Surgery: 24/7/26 ☑ OT -1 ☐ OT -2 ☐ OT -3 ☐ OT -4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : Elective Lower Segment Cesarean Section.

Time in : 9:20am Time Out : 10:20am.

		NAME	AMOUNT
1.	Surgeon	Dr. Padmaja. Y	
2.	Anaesthetist	Dr. Durga Bhavani	
3.	Assistant Surgeon	Dr. priya darshini / Dr. navaro	
4.	OT Technician	Jr. pallavi	
5.	Circulating Nurse	Sr. puja	
6.	Assistant Nurse	Sr. sangeetha	

Special Equipment: ☐ Laparascopy ☐ Broncoscope ☐ Harmonic ☐ Morcelator
☐ C-ARM ☐ Cystoscopy ☐ Versa Point ☐ Liver Cusa
☐ Neuro Cusa ☐ Others .....

Signature of the Surgeon

puja
Signature of Circulating Nurse

Order No: 26.000021647 7 Order by: Srushti 24/7/26, @ 11.50Am.

Docu. No. : RCH /FRM / GENERAL / 114

HNH-00015778 IP26-00006932
Mrs SURYAPRAKASH PAYAL INNANI
01-12-1995 30 Y 7 M 23 D (F)
Dr. PADMAJA YELISETTY

LSCS

CONSUMABLES OF OT

Rainbow® Children's Hospital — It takes a lot to treat the little.

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Circulating staff: [illegible] Technician: Pallavi Date: 24/1/26 Time: 10:55 AM

Anaesthesia Disposables	Qty Issued	Qty Used	Surgical Disposables	Qty Issued	Qty Used	Disposables (Baby Side)	Qty Issued	Qty Used
ET tube			Major Pack lscs.		01	Inj Vit.K		01
LMA			Sutures 2347.2317	2+1		Cord Clamp		01
ECG leads : A / P / N		03	1326	01		Suction Catheter		
HME filter : A / P / N						Feeding Tube 5.0		01
Syringes : 10 cc		04				Vaccum Suction Set		
05 cc		03	Gloves 5.6 6½.		3	Surgical Gloves 5.6 6½ .6.0		1+1
02 cc		02	Encore 6½		02	Gauze Pack		01
01 cc		01	5.4 PF 7.0		01	Syringe 1ml / 2ml		01
Cautery plate : A / P / N		01	Surgical blade 22		01	Surgical Blade # 20		01
IV set			NG tube			Koochies (S)		
RL		02	Cautery pencil		01	26-0000216485		
NS : 10ml / 100ml / 500ml / 1000ml			Koochies 7XL		01			
Tranexa		02	Ointments					
Bupergesic		02	Suction Catheter					
Fentanyl		01	Cap, Mask	10+10				
Morphine			Gauze Pack 20mg 10x10 7.5		02+2			
Ketamine			Mop Pack					
Propofol			Steristrip					
Rocuronium			Underpad		02			
Glycopyrolate		01	Draw sheet					
Myopyrolate			Abgel					
Ondansetron		01	Foleys catheter 16		01			
Pencan 25g/ Spinal Needle 22		01	Urobag		01			
Bupivacaine 0.25%			Chest Drainage Catheter					
Anawin ~~Bupivacaine~~ 0.25%(Heavy)		01	Romodrain bag					
Antibiotics			Bandage					
Oxytocin		03	Tegaderm					
Suppositories			Ioban T9D clean		01			
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg		01	Vaccum Suction set		01			
Justin : 12.5 mg / 25mg / 100mg		01	Plastic Bed Sheet Dpm		02			
Tab. Misoprost : 200mg			Betadine Solution		02			
Encore 6.5		01	Microshield		01			
gauze 7.5		01	Cotton Balls		01			
Metrogel		01	Latex Gloves		20			
Themicool		01	Ramdione Scrub					
			Saral D/W		02			

Surgeon Anaesthesiologist Nurse OT Technician

Order No. 26-0000216483/484 Ordered by: Sangeetha

Doc. No. : RCH / FRM / GENERAL / 125

Rainbow Childrens Hospital-Himayatnagar

Rainbow Children's Hospital, Door no. 3-6-267, opp. Cafe niloufer, Old MLA quarters road AP State Housing Board Himayatnagar ,Hyderabad , Telangana, INDIA .500029.
040-48873000, info@rainbowhospitals.in

ELECTRONIC MEDICINE PRESCRIPTION

MRN	: HNH-00015778	Name	: Mrs SURYAPRAKASH PAYAL INNANI
Age / Sex	: 30 Y 7 M 23 D / Female	Doctor	: PADMAJA YELISETTY
Adm/Reg Date/Time	: 24/07/2026 06:33	Payor	: SELFPAY
Order Date	24/07/2026 12:14	Ordernumber	26-0000218483
Visit ID	IP26-00006932	Ward/Bed No	4F -OT LDR-416
Patient Address	6-1-146 to 149,saraswathi residency ,padma rao nagar, Secunderabad R S, Hyderabad, Telangana, INDIA, 500025		

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	EVATOCIN (OXYTOCIN) INJ 5 IU 1 ML		1 Vial	External / Once Daily	1 Days		3 Vial	Dispensed
2	UNDER PAD 60X90 10's Pack - MEDICUBE		1 Nos	External / 10 AM	1 Days		2 Nos	Dispensed
3	DISPOSABLE APRONS STERILE XL	DISPOSABLE APPRON STERILE XL	1 Nos	/ Once Daily	4 Days		4 Nos	Dispensed
4	SUPRIDOL SUPPOSITORIES 100 MG 5 S		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
5	BIOXAMIC 500 MG INJ		1 Ampule	External / Once Daily	1 Days		2 Ampule	Dispensed
6	PREGELLED SURGICAL PLATES(ADULT)	PREGELLED PLATED ADULT	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
7	DSYRINGS 2.5ML(INPRO)	SYRINGE 2ML	1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
8	DSYRINGE 5ML (INPRO)	SYRINGE 5ML	1 Nos	External / Once Daily	1 Days		3 Nos	Dispensed
9	JUSTIN SUPPOSITORIES 100 MG 5 S		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
10	Encore Microptic gloves-6.5		1 Nos	/ Once Daily	1 Days		3 Nos	Dispensed
11	VACCUME SUCTION SET		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
12	FOLEY'S CATHETER 16-UROCATH		1 Nos	External / 10 AM	1 Days		1 Nos	Dispensed
13	ENCORE LATEX TEXTURED 7		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
14	ADULT DIAPERS-XXL		1 Nos	External / 1-2 TIMES A DAY	1 Days		1 Nos	Dispensed
15	SURGICAL BLADE 22	SURGICAL BLADE 22	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
16	MONOCRYL 3-0 NW 1325	MONOCRYL 1325	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
17	AHAWIN HEAVY 5 MG INJ 4 ML		1 Vial	External / Once Daily	1 Days		1 Vial	Dispensed
18	COTTON BALLS 2 GM 5 NOS		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
19	DSYRINGE 10ML (INPRO)	SYRINGE 10ML	1 Nos	External / Once Daily	1 Days		4 Nos	Dispensed
20	BUPRIGESIC INJ AMP 0.3 MG 1 ML	BUPRENORPHINE 0.3 MG 1ML INJ	1 Ampule	External / Once Daily	1 Days		2 Ampule	Dispensed
21	VICRYL 2-0 VP 2317	VICRYL 2-0 VP 2317	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
22	THEMICAR 30MG INJ 10ML		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
23	BACTOPREP SOLUTIONS 100 ML		1 mL	/ Once Daily	1 Days		1 Nos	Dispensed
24	POVINANZ SOLUTION 10% 100 ML		1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
25	THEMPYRINOM 0.2MG INJ		1 Nos	External / 10 AM	1 Days		1 Nos	Dispensed
26	RL 500 ML CLOSED SYSTEM	RINGER LACTATE 500ML CLOSED	1 Bottle	/ Once Daily	2 Days		2 Bottle	Dispensed
27	PENCAN 27G (B/BRAUN)		1 Nos	External / 10 AM	1 Days		1 Nos	Dispensed
28	CAUTERY PENCIL (ADVANCE)		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
29	GAUZE 7.5X7.5 12 PLY (5 NOS)NON /XRAY	GAUZE 7.5X7.5 12 PLY 5 NOS	1 Nos	External / Once Daily	1 Days		3 Nos	Dispensed
30	VICRYL PLUS 1 VP - (2347)	VICRYL PLUS 1 VP 2347	1 Nos	/ Once Daily	2 Days		2 Nos	Dispensed
31	DSYRINGE 1 ML (INPRO)	SYRINGE 1ML	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
32	D WATER 10 ML AMPULE	DIS"R. WATER10ML	1 Bottle	External / Once Daily	1 Days		2 Bottle	Dispensed
33	GLOVE # 6.5 (SURGICARE)	SURGICAL GLOVES 6.5	1 Nos	External / Once Daily	1 Days		3 Nos	Dispensed
34	ACUGYL 500MG INJ		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
35	ONDOKIND INJ 4 MG 2 ML		1 Nos	/ Once Daily	1 Days		1 Vial	Dispensed
36	ENCORE MICROPTIC GLOVES-7.5 PF		1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
37	UROBAG (ADULT) - URODYNE		1 Nos	External / 1-2 TIMES A DAY	1 Days		1 Nos	Dispensed
38	FACE MASK 3 LAYER - ELASTIC	FACE MASK 3 LAYER	1 Nos	External / Once Daily	1 Days		10 Nos	Dispensed
39	E.C.G ELECTRODES (ADULT)	ELECTRODES ADULT	1 Nos	External / Once Daily	1 Days		3 Nos	Dispensed

PADMAJA YELISETTY

Reg No : 52427

* This document is just for reference purpose only. Not to be considered as primary report.

Note

* This prescription is valid only for specified duration.

* Do not refill medicines.

Rainbow Childrens Hospital-Himayatnagar

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040-48873000, info@rainbowhospitals.in

ELECTRONIC MEDICINE PRESCRIPTION

MRN	: HNH-00015778	**Name**	. Mrs SURYAPRAKASH PAYAL INNANI
Age / Sex	: 30 Y 7 M 23 D / Female	**Doctor**	: PADMAJA YELISETTY
Adm/Reg Date/Time	: 24/07/2026 06:33	**Payor**	: SELFPAY
Order Date	: 24/07/2026 12:14	**Ordernumber**	: 26-0000216484
Visit ID	: IP26-00006932	**Ward/Bed No**	: 4F -OT / LDR-416
Patient Address	: 6-1-146 to 149,saraswathi residency ,padma rao nagar, Secunderabad R S, Hyderabad, Telangana, INDIA, 500025		

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	GAUZ SWAB 10 X 10 CM 12PLY 5S X-RAY		1 Pkt	External / Once Daily	1 Days		1 Pkt	Dispensed
2	NITRILE EXAMINATION GLOVES P F- MEDIUM		1 Nos	External / Once Daily	1 Days		20 Nos	Dispensed
3	LSCS DRAPE PACK (PROTECTCARE)		1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
4	SURGEON CAP FEMALE SAFE SECURE .		1 Nos	External / 10 AM	1 Days		10 Nos	Dispensed

PADMAJA YELISETTY

Reg No : 52427

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040-48873000, info@rainbowhospitals.in

ELECTRONIC MEDICINE PRESCRIPTION

MRN	: HNH-00016784	**Name**	: Baby Of SURYAPRAKASH PAYAL INNANI
Age / Sex	: 0 Y 0 M 0 D 3 H / Male	**Doctor**	: S TEJASWI REDDY
Adm/Reg Date/Time	: 24/07/2026 10:23	**Payor**	: SELFPAY
Order Date	24/07/2026 12:18	**Ordernumber**	: 26-0000216485
Visit ID	: IP26-00006935	**Ward/Bed No**	: 4F -OT / CRDL-HNPDA-412-1
Patient Address	. 6-1-146 to 149,saraswathi residency ,padma rao nagar, Secunderabad R S, Hyderabad, Telangana, INDIA, 500025		

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	SGLOVE # 6 (SURGICARE)	SURGICAL GLOVES 6.0	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
2	DSYRINGE 1ML (NIPRO)	SYRINGE 1ML	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
3	SURGICAL BLADE 20	SURGICAL BLADE 20	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
4	GAUZE 7.5X7.5 12 PLY (5 NOS) NON XRAY	GAUZE 7.5X7.5 12 PLY 5 NOS	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
5	INJEK INJ 1 MG 0.5 ML		1 Nos	/ Once Daily	1 Days		1 Vial	Dispensed
6	SGLOVE # 6.5 (SURGICARE)	SURGICAL GLOVES 6.5	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
7	CORD CLAMP-ALPHAMEDICARE		1 Nos	External / 10 AM	1 Days		1 Nos	Dispensed
8	INFANT FEEDING TUBE-5	INFANT FEEDING TUBE 5	1 Nos	External / Onco Daily	1 Days		1 Nos	Dispensed

S TEJASWI REDDY

Reg No : APMC/FMR/94068

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Note

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*** Do not refill medicines.**

Name	Mrs SURYAPRAKASH PAYAL INNANI	**UHID**	HNH-00015778
Father/Guardian	Mr PANKAJ JHAWAR	**Age/Gender**	30 Y 7 M 23 D/ Female
Address	6-1-146 to 149,saraswathi residency ,padma rao nagar, Secunderabad R S, Hyderabad, Telangana, INDIA, 500025		
IP No	IP26-00006932	**Admission Date**	24-07-2026
Ref Doctor	Self.		
Discharge Date	26.07.2026		

DISCHARGE SUMMARY

Consultant:
Dr. PADMAJA YELISETTY
MBBS, MD, MRCOG, FRCOG
52427

Diagnosis: PRIMIGRAVIDA AT 38^{+1} WEEKS FOR ELECTIVE LOWER SEGMENT CAESAREAN SECTION WITH 2 LOOPS CORD AROUND THE NECK

ELECTIVE LOWER SEGMENT CAESAREAN SECTION DONE ON 24.07.2026

History:

LMP: 30.10.2025
EDD: 06.08.2026

Obstetric formula: Primigravida
Gestation at admission: 38^{+1} weeks

Name	Mrs SURYAPRAKASH PAYAL INNANI	UHID	HNH-00015778
IP No	IP26-00006932	Admission Date	24-07-2026

Obstetric History:
G1 - Present Pregnancy, Spontaneous conception.

Medical History: Nil
Family History : Father-DM, both GP- HTN-DM.
Surgical History: Nil
Allergies : Nil

Antenatal Details:
Mrs SURYAPRAKASH PAYAL INNANI was booked to Rainbow hospital at 30 weeks of gestation. She had regular antenatal checkups and investigations as advised. NT scan was normal. FTS was low risk. TIFFA showed bilateral Renal Pelvic Dilatation ,Rest -normal. Fetal surveillance done by serial growth scans. Growth scan was done on 15.07.2026 at 36^{+6} weeks SLF, cephalic, EFW: 2.57kg(14%) AC 6% AFI: 14.7, Placenta: anterior, High, Fetal and uterine artery doppler: Normal. She was admitted at 37^{+5} weeks for Elective LSCS.

Investigations: Enclosed.
Blood group: "B" Positive

Management: Course in hospital:
At admission on clinical examination the vitals were stable, uterus was relaxed. Fetal well being was confirmed by an admission CTG which was found to be reactive. She was prepared for elective C-section with indwelling Foley's catheter and IV canula under aseptic conditions. Written informed consent for

Name	Mrs SURYAPRAKASH PAYAL INNANI	UHID	HNH-00015778
IP No	IP26-00006932	Admission Date	24-07-2026

surgery taken. Preanesthetic check up done. Anesthetic premedication (IV Pantop and Perinorm) given. Antibiotic prophylaxis with Inj. Taxim 1 gm IV given. Patient shifted to theatre.

Surgery Notes:

Under spinal anesthesia she was painted and draped as per hospital protocol. Abdomen opened in layers. The parietal and visceral peritoneum carefully opened after identifying the urachus. Bladder was reflected. A Lower segment curvilinear incision given on the uterus. Baby delivered. Cord clamped and cut and cord blood collected for blood grouping and Rh typing. Baby handed over to pediatrician. Placenta delivered with controlled cord traction. Uterus closed in layers. Hemostasis secured. Instruments and swab count checked. Rectus sheath closed. Skin closed with subcuticular sutures. Wound dressing done. Vagina cleaned with Betadine solution after expelling clots. Misoprostol 1000 mcg given per rectum as prophylaxis against Postpartum hemorrhage. Patient was shifted out of theatre to post operative recovery room.

*** Right side cornual end of uterus- small subserosal fibroid noted**

***2 Loops of cord around neck.**

Delivery Details:

Date : 24.07.2026
Time of Delivery : 09:44am
Type of Delivery : Elective lower segment caesarean section
Indication : Maternal Request
Anaesthesia : Spinal

Name	Mrs SURYAPRAKASH PAYAL INNANI	**UHID**	HNH-00015778
IP No	IP26-00006932	**Admission Date**	24-07-2026

Baby Details:

Date : 24.07.2026
Time : 09:44am
Sex : MALE
Weight : 2.70kg
Apgar : 8,9
Gestational Age: 38+1 weeks
NICU Admission: No

Post-Operative Notes:

She was closely monitored. Her vital signs remained stable. Uterus was well retracted with no postpartum hemorrhage. Breast feeding initiated. She was shifted to room. Her postoperative period following that was uneventful. On second postoperative day dressing was changed. On inspection wound was healthy. Her general condition was satisfactory and she was found to be fit for discharge. Wound care and medications were explained to patient supplemented by written information. She was given the postpartum book for further reference.

Advice:

1. Tab. Taxim O 200mg twice daily till 30.07.2026 (9am-9pm) after food.
2. Tab. Calpol (Paracetamol 500mg) 2 tablets thrice daily till 28.07.2026 (8am-2pm-10pm) after food.
3. Tab. Voveran (Diclofenac-50mg) 1 tablet thrice daily till 28.07.2026 (9am-3pm-11pm) after food.
4. Tab. Pantodac (Pantoprazole - 40mg) 1 tablet twice daily till

Name	Mrs SURYAPRAKASH PAYAL INNANI	**UHID**	HNH-00015778
IP No	IP26-00006932	**Admission Date**	24-07-2026

30.07.2026(7am-7pm) before food.

5. Tab. Livogen (Elemental Iron - 50mg, folic acid 1.5mg) once daily (7am) for three months before breakfast.
6. Tab. Shelcal (Elemental Calcium 500mg, vitamin D3 250 IU) once daily (2pm) till breast feeding after food.
7. Nebasulf Powder for local application.

Home Blood pressure monitoring to be done **twice daily** for **two weeks**. Report to emergency if **BP >140/90mmHg**, presence of headache, vomitings, blurred vision, reduced urine output, epigastric pain, seizures.

* Suggest **PAP smear** and **HPV Vaccine** after **6 weeks**; Please discuss with your treating doctor regarding **HPV vaccination.**

Review with **Dr. PADMAJA YELISETTY,** after 1 **Week** on **03.08.2026** Rainbow Children's Hospital with prior appointment **(Review consultation will be charged).@ 11:00am**

For Women Who Have Had a Cesarean Section
Care of the wound:

1.You can bath and shower.
2.The wound can get wet during a bath or shower. Dry it thoroughly and gently by dabbing with a gauze piece. Do not rub the wound.
3.This gauze piece needs to be discarded after one use.
4.Prior to touching the wound clean hands thoroughly with Microshield solution and allow them to air dry or use disposable paper napkins.

Name	Mrs SURYAPRAKASH PAYAL INNANI	**UHID**	HNH-00015778
IP No	IP26-00006932	**Admission Date**	24-07-2026

5.Apply Nebasulf or Neomycin dusting powder on the wound after it is dry.
6.Do not touch the wound with unwashed hands.

The content of the patient discharge summary, medication, food & drug interaction, care to be provided at home, nutrition, when and how to obtain emergency care etc also have been explained by doctor ..... in a language that I can understand and I acknowledge.

Patient/ Attender

In case of emergency like bleeding, fever [please refer to postpartum book for further details - Chapter II page 6] kindly contact 9154865045 at Rainbow Children's Hospital just dial one toll free number - 18002122.
You can also take appointments at any time by going online to our website **www.rainbowhospitals.in**

DR DUA

Registrar/Resident/C.M.O

Consultant:
Dr. Padmaja Yelisetty,
MBBS, MD, MRCOG,FRCOG
52427

Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Childrens Hospital-Himayatnagar

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TEL NO :040-48873000
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP26-00006932 **Admit Date** : 24-Jul-2026 **Admit Time** : 06:33 AM **UHID** : HNH-00015778

Patient Details :

Patient Name	: Mrs SURYAPRAKASH PAYAL INNANI	**Age**	: 30 Y 7 M 23 D
Guardian	: Mr PANKAJ JHAWAR	**DOB**	: 01-12-1995
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: 6-1-146 to 149,saraswathi residency ,padma rao nagar Secunderabad R S Hyderabad Telangana INDIA 500025	**Phone No**	: 8074473674/ 8143422263
		E-mail	: payal.innani@gmail.com

Admission Details :

Bed Type : TWIN SHARING **Bed No** : LDR-416 **Ward Name** : 4F -OT

Room No : LDR-416 **Admission Type** : First Visit

Contact Details :

Name : Mr PANKAJ JHAWAR **Relationship** : W/O

Contact Address : 6-1-146 to 149,saraswathi residency ,padma rao nagar Secunderabad R S Hyderabad Telangana INDIA 500025 **Phone No** : 8074473674

Signature

Doctor Details :

Doctor Name : Dr. PADMAJA YELISETTY **Specialisation** : OBSTETRICS AND GYNECOLOGY

Referral Doctor : Self. **Phone No** :

Co-Consultant :

Payment Details :

Deposit Amount : 100000.00

Payment Mode : Cash **Payor Name** : SELFPAY

Suryaprakash Payal Innani

Patient Sticker 30Y 209

Rainbow® Children's Hospital
It takes a lot to treat the little.

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CROSS CONSULTATION FORM

Doctor Name: Dr Padmaja Yelishetty Date: 25/7/26 Time: 12 pm

Diagnosis: LSCS

Hospital: RCH- HMNR

Referred for: ☐ Opinion ☐ Co-Management ☐ Transfer of care

Type of Referral :
☐ Emergency
☐ Urgent
☐ Non Urgent

Reason for Referral : If for concurrent care specify the particular need, especially in the absence of a second diagnosis:

Signature:

Findings and Recommendations :

Lactation Care plan :-

→ Warm Care

→ Well formed breast nipples.

→ Colostrum Seen.

→ Advised Direct breast feeding and following Burping

→ Aim for deep latch as demonstrated in Cradle hold

→ Demand feeding do not exceed 2 ½ hours as per early hunger feed

→ Baby not sucking continuosly, Starting to suck with strong stimulat

Consultant :

Name: Sathwika Signature: Sathwika Date & Time: 25/7/26; 12 pm

Rainbow® Children's Hospital
It takes a lot to treat the little.

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Your Right to a Safe Delivery.

ACTIVITY RECORD FOR BILLING

Name: ---------- HNH-00015778 IP26-00006932 SCJ
Mrs SURYAPRAKASH PAYAL INNANI
UHID No : ------- 01-12-1995 30 Y 7 M 23 D (F) --- Consultant : ---------- Dept : ----------
Dr. PADMAJA YELISETTY
Date of Admissi ---------- Date of Discharge : ---------- Time: ----------

Room / Bed No : ---------- Ward : ---------- Suggested Billable bed type : ----------

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
24/7/26	8:38Am	Pre-post	OT	Alei / Puja
24/7/26	10:30am	OT	prepost	Puja / Sujatha
24/7/26	3:55pm	Pre-post	Room	

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	Dr. S. Tejaswi Reddy	26/7/26	7164	
2.			Gynaec duty dr	
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

INVESTIGATIONS

Date	Investigations	Order No.	Sign
24/7/06	NST — (1)	9013	[illegible]

Cross checked done by Sneh

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
24/7/26	Carediac Monitor	10:30AM	2PM	16478	Sujatha
24/7/26	Rnfusion pump	10:30AM	2pm		

Cross checked done by Sneha

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
24/7/26.	IV placement	1	16421	
24/7/26	Catheterisation	1	16421	
	PAC	1	16474	
24/7/26	NHA	1	16623	
			Cross checked done Sw	

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

HNH-00015778 IP26-00006932
Mrs SURYAPRAKASH PAYAL INNANI
01-12-1995 30 Y 7 M 23 D (F)
Dr. PADMAJA YELISETTY

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IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

For Elective LSCS.

Obstetric Formula: primigravida

Obstetric Hostory:

G1 - Spontaneous conception

Booked @ 30 wks

Present Pregnancy Record:

- RATS - low risk

- pt - A1C+ .

RISK FACTORS:

-

Height: 158 cm

Weight: 66.10 kg

Allergies: ....

Breast: ☑ Normal ☐ Abnormal

General Examination:

Consciousness: Pallor:

Icterus: Edema:

Temp: PR:

BP: — DTR:

CVS: RS

Liver/Spleen: Urine Output:

LMP: 30/10/2025 EDD: 6/8/2026

Corrected EDD: 6/8/2026. GA: - 38 wks 1d

Menstrual History: Regular: ☐ Yes ☐ No

Obstetric Examination

Fundal Height: TS

Ut. Activity: ☑ Relaxed ☐ Mild ☐ Mod ☐ Severe

Liquor: ☐ Adequate ☐ Oligo ☐ Poly

PP: ☐ Cephalic ☐ Breech Others ____________

Head Fifths Palpable: 3/5th

FHS: ☑ Normal ☐ Tachy ☐ Brady ☐ Absent

Per Speculum Examination

Draining: ☑ Present ☐ Absent ☐ Bleeding

Colour of Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Vaginal Examination - ND

Cervix: ☐ Long ☐ Partially effaced ☐ Effaced

Os: Closed ____________ Dilated ____________

Membranes: ☐ Present ☐ Absent

Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Presenting Part: ☐ Vertex ☐ Breech ☐ Others

Sutton: ☐ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2

Pelvis: ☐ Adequate ☐ Doubtful

DIAGNOSIS

primigravida @ 38 wks 1d for Elective LSCS.

for h/o 2 loops of cord round the neck.

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Family History:	Surgical History:
- Father DM. Both G.P - HTN, DM	- nil
Medical History:	**Medication History:**
—	—
Plan of Care:	**Investigations:**
- Admission - Informed consent - prepare parts - CBP to be noted - shift to OT oncall - Pre op medications	(22/07/2026) BGT - B+ve Hb - 11.6. HIV, HbsAg, HCV, RPR } NR PLt - 3.5 lac CFTS - low risk TIFFA NT study. Last growth scan (22/7/) - SLIUF @37+6wks. AFI - 14.2cm cephalic 15/7/2026: - AFI - 14.7. - EBW - 2.5 7 (14%) - AC - 6%.

Doctor Name: Dr Swathi. HV.
Signature: Swathi
Date & Time: 22/07/2026 @10pm

Dr. Padmaja Yelisetty
Consultant Obstetrics and Gynecology
Reg. No: 52427

Consultant Name: Dr. Padmaja. Y.
Signature: for
Date & Time: 22/07/26 @. 12pm

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/7 10:30am	C/b Dr. Mrudula.	
	P1L1 c POD-0 / LSCS	
	o/e pt clinic	
	SpO2 - 99% RA PR - 84bpm	Adv
	BP - 128/78mmHg	- NBM till further order
Baby c mother.	P/A - uterus retracted well	- IV fluids
	L/E - P/v bleeding WNL	- Drugs as charted
	U/O - 200ml clear	- I/O charting
		- monitor vitals
		· Enjoym...
		Dr. Mrudula
24/7/2026 2:30pm.	c/s by Dr. Padmaja Yelisetty	
	O/E GC - fair	Adv
	Afebrile SpO2 - 99% on RA	- Sips of water f/b liquid diet
	PR: 90bpm	- IVF & drugs as charted
	BP: 136/75 mmHg.	- w/F PV bleeding
	CVS/RS: NAD	- Urine I/O charting
	PA: ut retracted well	- Monitor Vitals
	Soft, NT	- Inform SOS
	Dressing: dry & clean	- Kindly shift the
	L/E: PV bleeding WNL	patient to room.
	U/O. 70-80ml/hr, clear	- foleys removal @ 6am tomorrow
	Bowel sounds: present	Dr. Padmaja Yelisetty Consultant Obstetrics and Gynecology Reg. No: 52427
	Baby: Motherside. Shift to Room	(signature) 52427

Docu. No. : RCH /FRM / CLINICAL / 088

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/7	C/o/b	@ Monsha
9:30pm	POD O	
	C/C - Fow Afebrile	Adv,
	vitals stable	- Soft Diet / Adeq Hydration
	BP 124/89	- Drugs as charted
	PR - 91	- W/F vitals & BPV
Baby M/S	P/A ut well retracted	- Encourage Breastfeeding
	BS ⊕	- Foley's removal @ 6AM (Am)
O/L Breast soft	PV bleeding WNL	- I/O monitoring
Milk Production	u/o ~ 80-100 cc/hr	- Inform SOS
		(signature)
25/7	C/s/b	@ Monsha
7Am	POD O	
		Adv
	C/C = Fow Afebrile	- Soft Diet / Adeq Hydration
Baby M/S	vitals stable	- Drugs as charted
	P/A ut well retracted	- Encourage Ambulation
	Soft : BS ⊕	Exclusive Breastfeeding
F ✓	PV bleeding WNL	- Encourage to void
	u/o - Adequate → Foley removed	- ~~I/O~~ Inform SOS
O/L Breast soft	urine yet to void	- W/F vitals & BPV
Milk Production ⊕		
		Noted by dutdr @ 8:45am (signature)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/7/2026 11:40AM	C/S/B Dr. Padmaja	
	POD-1	
		Adv.
	C/C fair Afebrile	Soft diet
	BP: 110/70 mmHg	Adequate hydration
	PR: 84/m	Drugs as charted
	P/A Uterus Retracted well.	Tegadeem dressing to intact on (26/7)
Urine ✓ Flatus ✓ Stool ✓ passed	Soft, Non tender	W/f P.V. bleed.
	C/E PV bleed WNL.	Monitor vitals
		Review on 3/8/26 for follow up
	Baby & Mother.	
	B/L Breast soft; Milk secretion (+).	
		NB- Mother 12PM
		Dr. Padmaja Yelisetty Consultant Obstetrics and Gynaecology Reg. No: 52427
25/7/26 3:30pm	C/S/B Dr. Padmaja POD-1	Adv
	C/C fair Afebrile	- Soft diet
	Vitals stable	- Adequate hydration
	P/A Uterus Retracted well	- Drugs as charted
UL ✓	Soft Non tender	- Tegadeem dressing on (26/7/26)
FV ✓	C/E PV bleed WNL	- W/f PV bleed
	Baby & Mother	Monitor Vitals
	B/L Breast soft, MS (+)	Inform SOS.

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/7/26	C/R/B Dr Mandula	
9:00 pm	POD-1	
	O/E pt c/c/c	Adv
	V✓ afebrile	Soft diet
	F✓ PR-86bpm	Drugs as charted
	S✗ BP-120/70mmHg	Adequate Hydration
	Baby mother side P/A-uterus retracted well	Monitor Vitals
	B/L Breast soft L/E-P/V bleeding WNL	Dulcolax suppositories
	milk (+) Bowel sound (+)	(2) P/R @ 6am if don't
		pass stools.
		Dr Mandula
26/7/26	C/R/B Dr. Mandula	
8 am	POD-2	
	V✓ O/E pt c/c/c	Adv
	F✓ afebrile	Regular diet
	S✓ PR-86bpm	Ambulation
	Baby mother side BP-110/80mmHg	Drugs as charted
	B/L Breast soft P/A-uterus retracted well	w/f P/V bleeding
	milk (+) L/E-P/V bleeding WNL	Monitor Vitals
	Bowel sound (+)	Ergonom(?)
		Tegaderm dressing
		Dr. Mandula.
		Noted by Swetha
		26/7/26
		@ 8:30 AM

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/7/26 1PM	C/S/B Dr. Dhq	
	POD-2	
		Adv
	GC Fair	- Regular diet
Baby ≈ Mother	Afebrile	- Adequate hydration
	BP: 110/70 mmHg	- Drugs as charted
UV	PR: 84/min	- W/F PV bleed
FV	P/A uterus retracted well	- Monitor vitals
SV		- Inform SOS.
	L/E - PV bleed WNL.	- Pt can be discharged
	B/L Breast - soft Milk secretion (+)	
	Tegaderm dressing done - Wound healthy.	

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Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

HNH-00015778 IP26-00006932
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RESULT SHEET

Date						
Time						
Hb						
PCV						
RBC						
WBC						
N/L						
Platelets						
CRP						
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
Blood grouping B' positive						
HIV						
HbsAg						
Hcv						

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

Others (ECG, Contrast Studies etc.,) : .....

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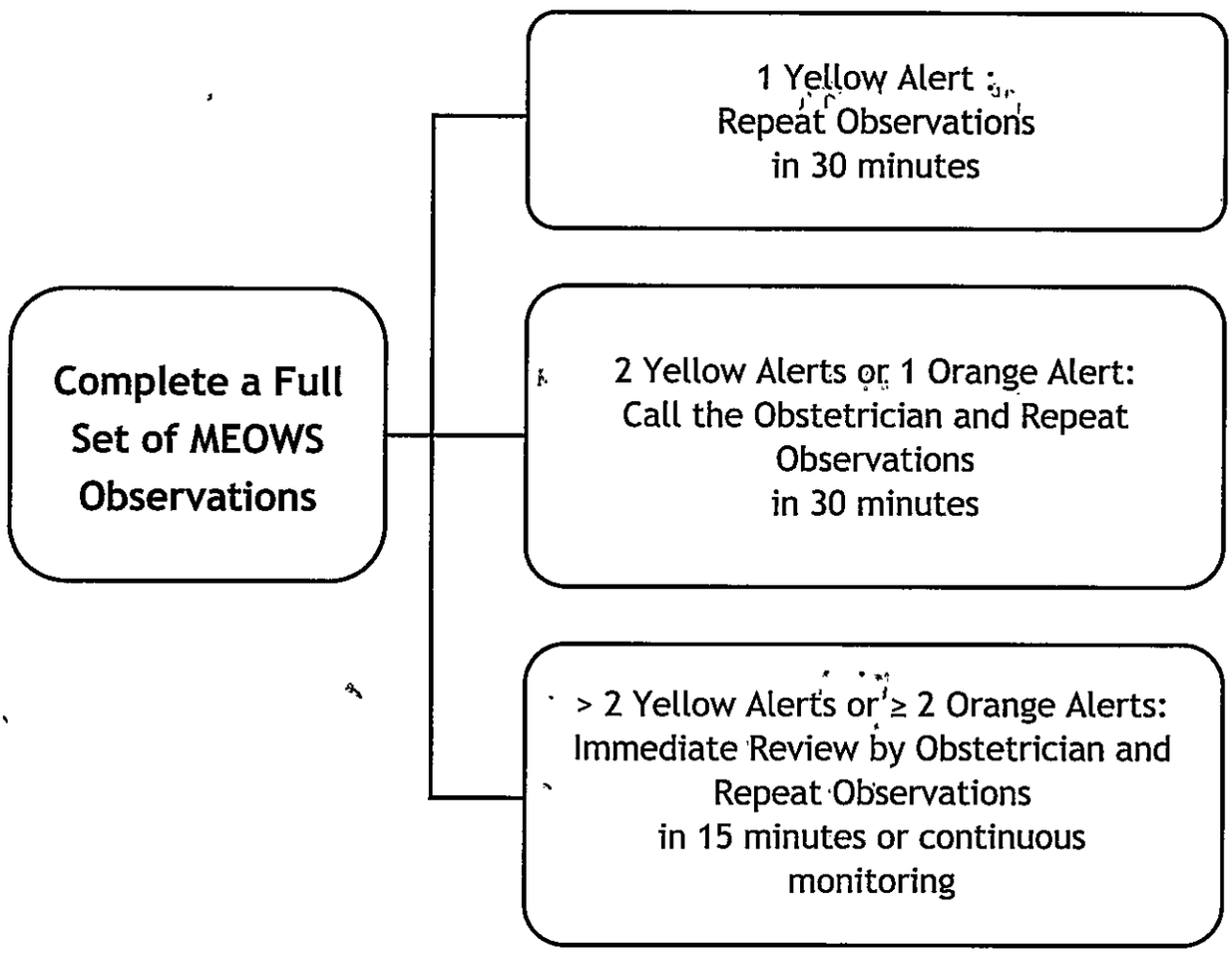
Early Warning Observation Score Chart - Obstetrics

CONTACT DOCTOR FOR EARLY INTERVENTION IF PATIENT TRIGGERS ONE ORANGE OR TWO YELLOW SCORES AT ANY ONE TIME

24/7/26	Date																								
	Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20	20			20	20		18				22				20				20				20	
	0 - 10																								
Saturations	94 - 100 %	99%			99%	99%		99%				99%				99%				100				100	
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37																								
	36	97F			98F	97F		98				96.5F				98.18				98.8				98.2	
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80	80			78	80		75				98				80 64				88				81	
	70																								
	60																								
	50																								
	40																								
Systolic Blood Pressure ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120											124				112								110	
	110	110			127	115		120												112					
	100																								
	90																								
	80																								
	70											(93)													
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70							81																	
	60	68			77	68		70								74				78				71	
	50																								
	40																								
NEURO RESPONSE [✓]	Alert	–			–	–						–				–				–				–	
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30	–			–	–						–				–				–				–	
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal	–			–	–		–				–				–				–				–	
	Heavy / Foul																								
Liquor	Clear / Pink	–			–	–						–				–				–				–	
	Green																								
TOTAL YELLOW SCORES		0			0	0		[illegible]																6	
TOTAL ORANGE SCORES		0			0	0		0				0				0				0					
Nurse Initial		[illegible]			[illegible]	[illegible]						[illegible]				[illegible]				[illegible]				6	

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score **(MEOWS)**

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Patient Sticker

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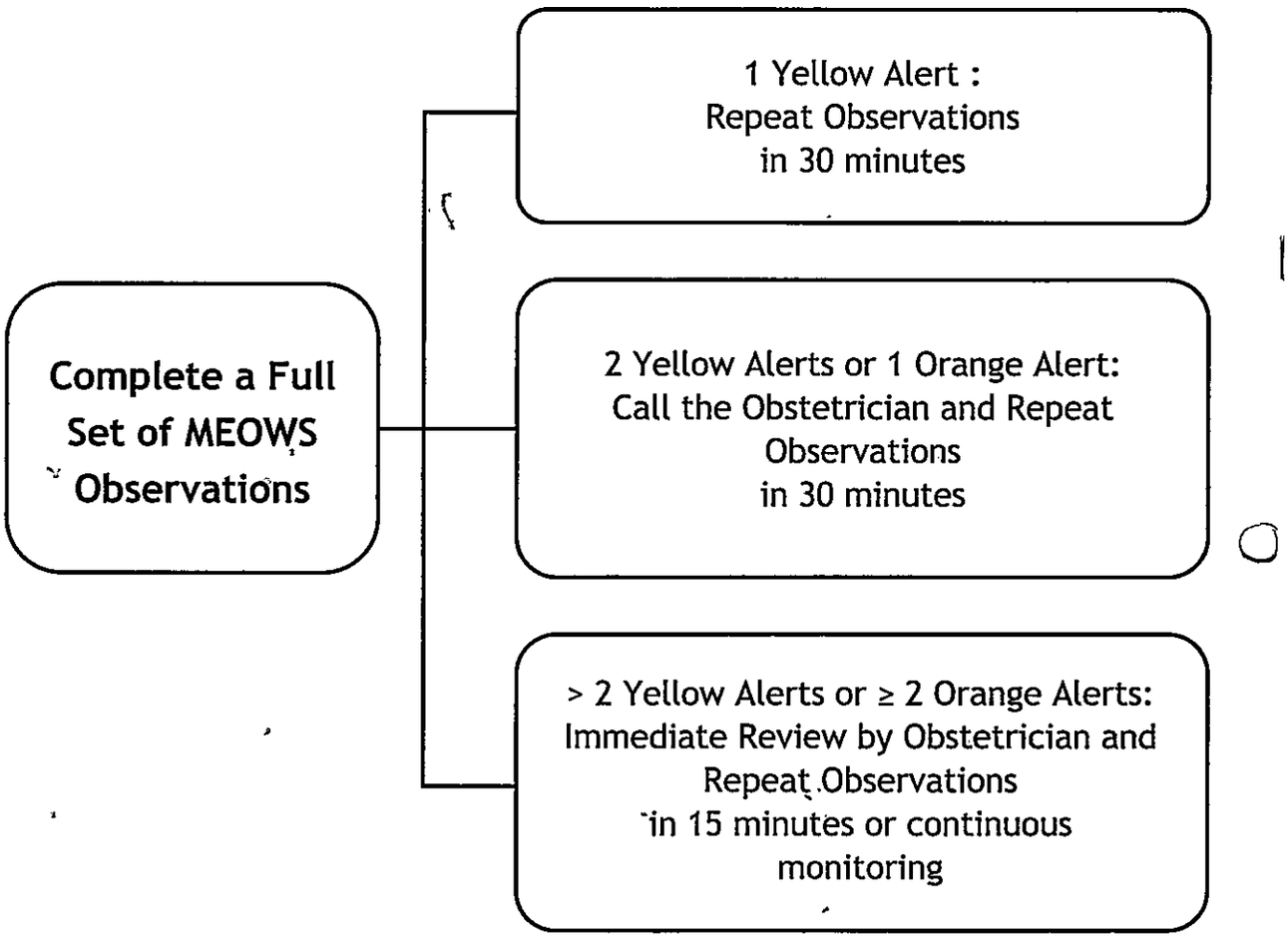
Early Warning Observation Score Chart - Obstetrics

CONTACT DOCTOR FOR EARLY INTERVENTION IF PATIENT TRIGGERS ONE ORANGE OR TWO YELLOW SCORES AT ANY ONE TIME

		Date	25/7/26																				
		Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																									
	21 - 30																									
	11 - 20			22					23				20				20				20				20	
	0 - 10																									
Saturations	94 - 100 %			99%					99%				100%				100%				100%				100%	
	< 94 %																									
Administered O_2 (L/min.)																										
Temp°c	40																									
	39																									
	38																									
	37																									
	36			36°C					37°C				97.3°F				98.2°F				98.5°F				98.2°F	
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80																80bpm				88bpm				80bpm	
	70			88					97				92													
	60																									
	50																									
	40																									
Systolic Blood Pressue ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120			120					122				133				106				110				112	
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70			77					70				88				70				78				71	
	60																									
	50																									
	40																									
NEURO RESPONSE [✓]	Alert																									
	Voice																									
	Pain																									
	Unresponsive																									
URINE mls / hour	> 30																									
	< 30																									
Proteinuria	Protein + +																									
	Protein > + +																									
Lochia	Normal																									
	Heavy / Foul																									
Liquor	Clear / Pink																									
	Green																									
TOTAL YELLOW SCORES				2					2				0				0				0				1	
TOTAL ORANGE SCORES				0					0				1				2				2				2	
Nurse Initial																										

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score **(MEOWS)**

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FLUID CHART

Sheet No. : ....

1. All measurements in ml.
2. Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.

Date	Time	Nature of Fluid (Intake)	Route: Mouth	Route: I.V	Route: N.G	NG (Output)	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
24/7/26	08:00 am	RL		100ml						✓		
	09:00 am	RL	M	100ml								
	10:00 am	RL	B	100ml								
	11:00 am	RL	M	100ml						200ml		→ Empty
	12:00 pm	RL		100ml								
	01:00 pm	RL		100ml								
Total Intake : Taken						**Total Output :**						
24/7/26	02:00 pm	RL	H2O	100ml		NA		NA		500ml		→ Empty 1:50
	03:00 pm	RL		100ml								
	04:00 pm	RL	soup	100ml								
	05:00 pm	RL		100ml								
	06:00 pm	RL	soup	100ml						500ml		
	07:00 pm	RL		100ml								
Total Intake :						**Total Output :** U– M–0						
24/7	08:00 pm	RL		100ml		NA		NA				Empty
	09:00 pm	RL		100ml								
	10:00 pm	RL	Fully + H2O	100ml						500ml		
	11:00 pm	RL		100ml								
	12:00 am	RL		100ml								
	01:00 am	RL		100ml								
Total Intake :						**Total Output :**						
25/7	02:00 am	RL		100ml		NA		NA				Empty
	03:00 am	RL		100ml						250ml		
	04:00 am	RL	H2O	100ml								
	05:00 am	RL		100ml								Empty
	06:00 am	RL		100ml								
	07:00 am	RL		100ml						500ml		
Total Intake : Taken						**Total Output :** passed						

Total 24 hrs. Intake		Total 24 hrs. Output	

Docu. No. : RCH /FRM / CLINICAL / 092

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FLUID CHART

Sheet No. : .....

1. All measurements in ml.
2. Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
25/7/26	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
25/7/26	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
26/7	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
26/7	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

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CHECKLIST FOR THROMBOPHLEBITIS

24/4/26. 25/7

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1			DAY-2			DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0	NA	NA	NA	0	0	0				
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1	NA	NA	NA	–	NA	1				
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2	NA	NA	NA	–	NA	–				
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3	NA	NA	NA	–	NA	–				
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4	NA	NA	NA	–	NA	–				
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5	NA	NA	NA	–	NA	–				
		Signature of the Nurse											

NOTE : Phlebitis greater than grade 2 should be reported to physicians and other appropriate health care personal ongoing observation of the site should continue for 48 hours post removal to detect post infusion phlebitis.

Signature of Shift In Charge :

Signature : ..... Name : Sujatha

Signature of Ward In Charge :

Signature : ..... Name : Kasthuri

HNH-00015778 IP28-00006932
Mrs SURYAPRAKASH PAYAL INNANI
01-12-1995 30 Y 7 M 23 D (F)
Dr. PADMAJA YELISETTY

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				M	E	N	M	E	N	M	E	N	
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Signature : ..... Name : .....

Signature of Ward In Charge :

Signature : ..... Name : .....

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Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	29/7/26	24/7	27/7
		Score	8 AM	N1	M6
History of Falling (immediately or w/in 3 months)	Yes	25			
	No	0			
Secondary Diagnosis (more than one diagnosis)	Yes	15		0	
	No	0	0		0
Ambulatory Aid	Furniture	30			
	Crutches, Cane(S), Walker	15			
	None /Bed Rest /Nurse Assist	0			
IV / Heparin Lock or Saline	Yes	20		20	20
	No	0	0	0	0
GAIT / Transferring	Impaired	20			
	Weak (uses touch for balance)	10			
	Normal /On Bed Rest /Immobile	0			
Mental Status	Forgets limitations	15			
	Oriented to own ability	0			
Total Morse Fall Scale Score:			20	20	20
		Signature			

Fall Risk Grading

Risk Level	Morse Fall Score (MFS)	Action
Low Risk	0 - 24	Standard Fall Precaution
Moderate Risk	25 - 50	Implement Moderate Fall Prevention Intervention
High Risk	≥ 51	Implement High Risk Fall Prevention Intervention

Tick (✓) whichever precaution taken.

Risk Level and Interventions

Low Risk (0 – 24) (Standard Falls Precautions)

- ☐ Ensure patients use their prescribed eye glasses if any, in the hospital
- ☐ Use chairs with arm rests
- ☐ Use safety straps on stretchers and wheelchairs while transporting patients

Moderate Risk (25-50) Apply all low risk intervention and

- ☐ Assist and/or supervise ambulation. Reinforce to always call for assistance
- ☐ Hourly safety check
- ☐ Assess patient after visitors, leave to ensure safety measures in place

High Risk (≥ 51) Apply all low and moderate risk interventions, and.

- ☐ Initiate constant observation by healthcare provider as appropriate to patient's needs

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BRADEN 'Q' SCALE

					Date :	24/7	26/7/25	28/7	25/7
					Time :	8AM	12hg	MD	E2
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.		4	4	4	4
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.		4	4	4	4
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.		4	4	4	4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.		4	4	4	4
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."		4	4	4	4
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.		4	4	4	4
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.		4	4	4	4
					TOTAL SCORE	24	8	28	28
					Evaluator's Name	DY	S	MD	E2

Severe Risk : less than 9 | High Risk : 10-12 | Moderate Risk : 13-14 | Mild Risk : 15-18 | Not at Risk: 19-23

Docu. No. : RCH /FRM / CLINICAL / 119

Risk Score	Category	Action	**Support Surfaces** **(Please Note:** Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice
15-18	At Risk	• Regular Turning Schedule • Enable as much activity as possible • Protect the heels • Use pressure redistribution surfaces • Manage moisture, friction and shear • Advance to a higher level of risk if other major risk factors are present	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
13-14	Moderate Risk	• Use the Same Protocol as for **"At Risk"** Patients • Position patient at 30 degree lateral incline using foam wedges	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
10-12	High Risk	• Follow the same protocol as for **"Moderate Risk"** Patients • In addition to regular turning schedule • Make small shifts in their position frequently	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
Less than 9	Severe Risk	• Use same protocol as for **"High Risk"** Patients • Add a pressure redistribution surface for patients with severe pain or with additional risk factors.	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay

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BRADEN 'Q' SCALE

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				Date :	29/1/7			
				Time :	12:-			
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				TOTAL SCORE	24			
				Evaluator's Name				

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PAIN ASSESSMENT FORM

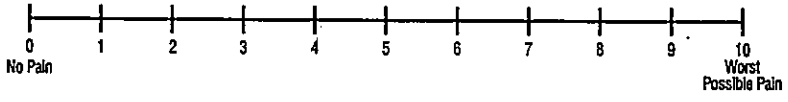
Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
24/7/26	8 AM	0/10	Normal	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
24/7/26	12pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
24/7/26	10 pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
25/7/26	2pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	NA	
25/7/26	6pm	0/10	NA	☐ Continuous ☐ Intermittent	☑ Acute ☐ Chronic	☑ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	NA	
25/7/26	10pm	0/10	Stitches pain	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☑ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	Given T. Calpol	
26/7/26	12Am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
26/7	6Am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

Re-assessment Frequency:

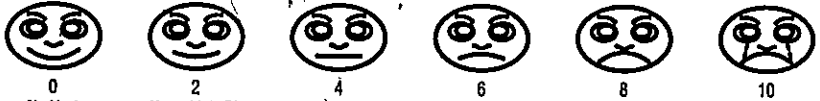
1. Every eight hours for all hospitalized patients.
2. For post-surgical patients, patients with chronic pain, patient with severe pain:
   a) At least every 2 hours for the first 24 hours
   b) Then every 4 hours.
   c) Prior to pain pain-relieving intervention.
   d) Within 30 – 60 minutes after pain relief intervention.

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years



FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

CATEGORY	SCORING		
	0	1	2
Face	No Particular expression or smile	Occasional Grimace or Frown, withdraw, Disoriented	Frequent to constant frown, quivering chin, clenched jaw
Legs	Normal Position or Relaxed	Uneasy, restless, tense	Kicking, or legs brawn up
Activity	Laying quietly normal position, moves easily	Squirming shifting back and forth, tense	Arched, right, or Jerking
Cry	No Cry (Awake or asleep)	Moans or whimpers occasional complaint	Crying steadily, screams of sobs, frequent complaints
Consolability	Content, relaxed	Reassured by occasional touching, hugging, or being talked to, distractible	Difficult to console or comfort

Neonatal Pain, Agitation and Sedation Scale (upto 1 Month)

Assessment Criteria	Sedation		Normal	Pain / Agitation	
	-2	-1	0	1	2
Crying Irritability	No Cry with painful stimuli	Moans or cries minimally with painful stimuli	Appropriate crying Not irritable	Irritable or crying at intervals consolable	High-pitched or silent-continuous cry Inconsolable
Behavior State	No arousal to any stimuli No spontaneous movement	Arouses minimally to stimuli Little spontaneous movement	Appropriate for gestational age	Restless, squirming Awakens frequently	Arching, kicking constantly awake or Arouses minimally / no movement (not sedated)
Facial Expression	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual
Extremities Tone	No grasp reflex Flaccid tone	Weak grasp reflex decreased muscle tone	Relaxed hands and feet Normal Tone	Intermittent clenched toes, fists or finger splay Body is not tense	Continual clenched toes, fists, or finger splay Body is tense
Vital Signs HR RR, BP, SaO_2	No variability with stimuli Hypoventilation or apnea	Less than 10% variability from baseline with stimuli	Within baseline or normal for gestational age	Increase 10-20% from baseline SaO_2 76-85% with stimulation - quick recovery	Increase greater than 20% from baseline, SaO_2 less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator

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NURSING CARE RECORD

Date: 24/7/26

Goals

- ☐ Maintain Airway and Oxygenation
- ☑ Maintain Personal Hygiene
- ☐ Identify Potential Complications
- ☐ Relieve Pain & Discomfort
- ☑ Prevent Infection
- ☐ Any Others. Specify..........
- ☐ Maintain Fluid Balance
- ☑ Meet Elimination Needs
- ☐ Improve Activity Tolerance
- ☐ Ensure Safety
- ☐ Maintain Good Nutritional Status
- ☐ Early Ambulation Reduce Anxiety
- ☐ Maintain Skin Integrity
- ☐ Patient & Family Education

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8AM – 2pm	→ Assess the Patient condition → plan for vital & record → plan for IV fluids → plan for I/O chart	8AM – 2pm	→ Assessed the Patient Condition → Maintain Vital & record → continue IV fluids → Maintain I/O chart	→ Patient stable	→ vital normal	[signature]
Afternoon	2PM – 8PM	→ Assess the patient general Condition → monitor vitals → foley's to Remove c/m 6:am. → maintain I/O	2PM – 8PM	→ Assessed the patient condition → monitored vitals → Administered medications as per doctor's orders	Patient is stable	Rechecked vitals	[signature]
Night	8PM to 8AM	→ Assess the pt condition → Monitor vital & record → Maintain I/O ch → Administer medication as per drug ch	8PM to 8AM	→ Assessed the pt condition → Monitored vital → Maintained I/O ch → Administered as per drug ch	→ pt is stable	Rechecked vitals	[signature]

Docu. No: RCH /FRM / CLINICAL / 148

Patient Stick

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NURSING CARE RECORD

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Date: 25/7/26

Goals

- ☐ Maintain Airway and Oxygenation
- ☐ Maintain Personal Hygiene
- ☐ Identify Potential Complications
- ☐ Relieve Pain & Discomfort
- ☐ Prevent Infection
- ☐ Any Others. Specify.....
- ☐ Maintain Fluid Balance
- ☐ Meet Elimination Needs
- ☐ Improve Activity Tolerance
- ☐ Ensure Safety
- ☐ Maintain Good Nutritional Status
- ☐ Early Ambulation Reduce Anxiety
- ☐ Maintain Skin Integrity
- ☐ Patient & Family Education

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8Am to 2Pm	=> Assess pt condition => monitor the vitals => maintain I/O chart => Administer medication as per drug chart	8Am to 2Pm	=> Assessed Pt condition => monitored vitals => maintained I/O chart => Administered medication asper drug chart	Patient is stable	Re-checked vitals	Ag
Afternoon	2pm 8pm	- Assess the pt. condition - Monitor vitals & records - Maintain I/o chart - Give Medication as prescribed by doctor.	2pm. 8pm	- Assessed the pt. condition - Monitored vitals & records - Maintained I/o chart - Given medication as prescribed by doctor	Patient is Stable now	Re-checked vitals	S.
Night	8Pm to 8Am	Assess the Pt condition - monitor vitals & maintain I/o chart. Provide the comfortable position. medication given as per as doctor order.	8pm to 8Am	Assessed the Pt condition - monitored vitals & maintained I/o chart. Provided the comfortable position. medication given as per as doctor.	=> Pt is stable => Vitals normal.	=> monitor vitals. => maintain I/o chart.	Sn Y

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BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

URINARY CATHETER BUNDLE CHECK LIST

Date of Insertion: 24/7/26 Date of Removal: 25/7/26 @ 6:30 pm

Parameters / Date / Shift Time	24/7/26 Evening	24/7 N					
Need for the Catheter	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Hand Hygiene	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Usage of Sterile Equipment	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is the Collection bag below the level of bladder	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Check the Tube for Obstruction (Free of Kinking)	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is Catheter dated as policy	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Collecting bag is been emptied regularly?	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Maintenance of closed system for the catheter	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Dressing clean and dry?	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is the line removed as Policy?	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Performance of Perineal Care	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Onset of New Fever	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Asses for the leakage at the site of insertion	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Name of the Nurse	[illegible]	[illegible]					
Signature of the Nurse	[illegible]	[illegible]					

Removed by [illegible] 25/7/26 @ 6:30

Docu. No. : RCH /FRM / CLINICAL / 114

HNH-00015778 IP26-00006932
Mrs SURYAPRAKASH PAYAL INNANI
01-12-1995 30 Y 7 M 23 D (F)
Dr. PADMAJA YELISETTY

Rainbow® Children's Hospital
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BirthRight™ BY RAINBOW HOSPITALS
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NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: .... Department: .... Date of Admission: ....

SITUATION

Diagnosis: El - CS

Any Infection: ☐ Yes ☐ No ☑ Not Known
If Yes Specify: ....

Section	Item	1	2	3	4	5	6
BACKGROUND	Area / Shift Time	24/7/26 8AM	24/7/26 Evng	24/7 N	25/7 M6	25/7/26 E2	25/7 N
	Medical Condition (Any special condition to be noted):	—	—	—	—	—	—
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Vital Signs: Temp:	97.6F	98.3°F	98.1°F	98.5°F	98.1°F	98.1°F
	Res:	20	25 b/m	20 b/m	28 b/m	20 b/m	20 b/m
	SpO₂:	100	99%	100%	100%	99%	98%
	Pulse:	84	85	80 b/m	83 b/m	86 b/m	82 b/m
	BP:	120/73	119/70	112/70	112/68 mm	118/69	112/62
	Fall Risk Score:	—	—	—	—	—	—
	Pain Score:	—	—	—	—	"0"	—
Recommendations	Safety Needs:	yes	yes	yes	yes	yes	—
	Physiotherapy	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Others Specify:	—	—	—	—	—	—
	Special Diet:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☑ Yes ☐ No	☐ Yes ☑ No
	Other Special Orders / Medications:	—	—	—	—	—	—
Post Operative Procedure Special Orders:		—	—	—	—	—	—
Handed Over By Name :		Sijith	Sandhya	Swetha	Anusha	Priyanka	Sm
Signature :		[signature]	[signature]	[signature]	[signature]	[signature]	Sm(01605)
Date:		24/7/26	24/7/26	25/7	25/7/26	25/7/26	26/7
Time:		8AM	8pm	8Am	2pm	8pm	8pm
Taken Over By Name :		Sandhya	Swetha		Priyanka	Sm	
Signature :		[signature]	[signature]		[signature]	Sm(01605)	
Date:		24/7/26	24/7/26		25/7/26	25/7	
Time:		8pm	8pm		2pm	8pm	

Docu. No. : RCH/FRM/CLINICAL/097

Patient Sticker

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NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: ..... Department: ..... Date of Admission: .....

SITUATION	Diagnosis:				Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:		
BACKGROUND	Area / Shift Time						
	Medical Condition (Any special condition to be noted):						
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:						
	Res:						
	SpO_2:						
	Pulse:						
	BP:						
	Fall Risk Score:						
	Pain Score:						
Recommendations	Safety Needs:						
	Physiotherapy	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Others Specify:						
	Special Diet:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Other Special Orders / Medications:						
Post Operative Procedure Special Orders:							
Handed Over By Name :							
Signature :							
Date:							
Time:							
Taken Over By Name :							
Signature :							
Date:							
Time:							

HNH-00015778 IP26-00006932
Mrs SURYAPRAKASH PAYAL INNANI
01-12-1995 30 Y 7 M 23 D (F)
Dr. PADMAJA YELISETTY

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DRUG CHART

Date of Admission: 24/07/2026 Drug Allergies: nil ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

GENERAL - Ensure that all patient details are entered above. ONLY A DOCTOR SHALL WRITE MEDICATION ORDERS.

DOCTOR - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).

- Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
- Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
- Discontinue a drug by drawing a line / through it and a similar line through subsequent recording panels.
- The date and time of stopping the drug along with the doctors name and sign must be mentioned.
- Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.

NURSES - Nurses must follow strictly the FIVE RIGHTS before administration of medication.

1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time

- AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

SOS / PRN (As Required Medication)

DRUG :				Date ▸ / Time ▾
Dose	Route	Frequency	Start Date	
Doctor's Signature		Valid Period	Pharm.	
Additional Instructions:				

DRUG :				Date ▸ / Time ▾
Dose	Route	Frequency	Start Date	
Doctor's Signature		Valid Period	Pharm.	
Additional Instructions:				

DRUG :				Date ▸ / Time ▾
Dose	Route	Frequency	Start Date	
Doctor's Signature		Valid Period	Pharm.	
Additional Instructions:				

VERIFIED BY : Name .... Signature ....

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Dr. PADMAJA YELISETTY

REGULAR PRESCRIPTIONS

Weight. 66kgs Ward. ....

DRUG : Inj CEFOTAXIME				Date / Time	
Dose	Route	Frequency	Start Date		
1g	iv	BD	24/07		
Name & Signature of the Doctor Starting the Drugs:					STOP
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					

DRUG : Inj CEFOTAXIM				Date / Time	24/7/2025
Dose	Route	Frequency	Start Date		
1g	iv	BD	24/07	8AM	Inj Akhila
Name & Signature of the Doctor Starting the Drugs: @ Dr. Naveen					Stop after morning dose
Additional Instructions: ATD x24hrs				8PM	[illegible]
Daily Doctor's Endorsement by a Sign					[signature]

DRUG : INJ PARACETAMOL				Date / Time	24/7/2025
Dose	Route	Frequency	Start Date		
1GM	IV	TID	24/7	6AM	X
Name & Signature of the Doctor Starting the Drugs: Dr. Durga Bhavani				2PM	Inj madhu
Additional Instructions:				10PM	Stop
Daily Doctor's Endorsement by a Sign					[signature]

DRUG : INJ. DICLOFENAC				Date / Time	24/7/2025
Dose	Route	Frequency	Start Date		
75MG	Slow IV	BD	24/7	6AM	X
Name & Signature of the Doctor Starting the Drugs: Dr. Durga Bhavani					Stop
Additional Instructions: Add in 100ml NS and administer slow IV.				6PM	[signature]
Daily Doctor's Endorsement by a Sign					[signature]

Verified by Dr. Dhakshayani

HNH-00015778 IP26-00006932
Mrs SURYAPRAKASH PAYAL INNANI
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Dr. PADMAJA YELISETTY

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Sheet No: .....

REGULAR PRESCRIPTIONS

Weight 66 kg Ward .....

Dr. Dhakshaya...

Signature .....

VERIFIED BY : Name .....

DRUG : T-PANTOPRAZOLE	Dose	Route	Frequency	Start Dt.	Date / Time	24/7	25/7	26/7
	40mg	PO	BD	24/7				
Name & Signature of the Doctor Starting the Drugs: Dr. Naveena.					6am			
Additional Instructions:					6pm.			
Daily Doctor's Endorsement by a Sign								

DRUG : T PARACETAMOL	Dose	Route	Frequency	Start Dt.	Date / Time	24/7	25/7	26/7
	1g	PO	TID	25/7	6am ✓			
Name & Signature of the Doctor Starting the Drugs: My Remarks					2pm			
Additional Instructions:					10pm			
Daily Doctor's Endorsement by a Sign								

DRUG : T. CEFIXIME	Dose	Route	Frequency	Start Dt.	Date / Time	24/7	25/7	26/7
	200mg	P/O	BD	25/7	6am ✓			
Name & Signature of the Doctor Starting the Drugs: My Remarks								
Additional Instructions: From 7pm onwards (25/7)					6pm			
Daily Doctor's Endorsement by a Sign								

DRUG : T. DICLOFENAC	Dose	Route	Frequency	Start Dt.	Date / Time	24/7	25/7	26/7
	50mg	P/O	BD	25/7	6am ✓			
Name & Signature of the Doctor Starting the Drugs: My Remarks					6pm			
Additional Instructions:								
Daily Doctor's Endorsement by a Sign								

Patient Sticker

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Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

VERIFIED BY : Name .... Signature ....

DRUG :				Date ➤ / Time ▼
Dose	Route	Frequency	Start Dt.	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

DRUG :				Date ➤ / Time ▼
Dose	Route	Frequency	Start Dt.	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

DRUG :				Date ➤ / Time ▼
Dose	Route	Frequency	Start Dt.	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

DRUG :				Date ➤ / Time ▼
Dose	Route	Frequency	Start Dt.	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

INH-00015778 IP26-00006932
Ira SURYAPRAKASH PAYAL INNANI
1-12-1995 30 Y 7 M 23 D (F)
r. PADMAJA YELISETTY

Weight. 66kgs Ward. .....

DOSE	Date▸ Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
DRUG :		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route / Start Date		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Name & Signature of the Doctor		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Additional Instructions:		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	

VARIABLE DOSE	Date▸ Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
DRUG :		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route / Start Date		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Name & Signature of the Doctor		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Additional Instructions:		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
24/07	8:20AM	Inj PANTOPRAZOLE	40mg	iv		Sujatha madhu
24/07	8:20AM	Inj ONDENSETRONE	4mg	iv		Sujatha madhu
24/7	9:44AM	INJ OXYTOCIN	3IU	IV		
24/7	10:30am	DICLOFENAC suppository	100MG	PR		
24/7	10:30am	TRAMADOL suppository	100MG	PR		

Verified by Dr. Dhakshayani

VERIFIED BY : Name ..... Signature .....

HNH-00015778 IP26-00006932
Mrs SURYAPRAKASH PAYAL INNANI
01-12-1995 30 Y 7 M 23 D (F)
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I.V. FLUIDS CHART

Weight. 66kgs Ward. .....

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
24/07	7:AM	Ringer Lactate	iv	100ml/hr			24/7		
24/7	8:30AM	RINGER LACTATE + 3U OXYTOCIN	IV	500			24/7		
24/7	10AM	RINGER LACTATE + 10U OXYTOCIN	IV	300			24/7		
24/7	12PM	RINGER LACTATE	IV	100ml/hr			24/7		
24/7	1PM	RINGER LACTATE	IV	100ml/hr			24/7		
24/7	01:30 PM	RINGER LACTATE	IV	100ml/hr			24/7		
24/7	2:30 PM	RINGER LACTATE	IV	100ml/hr.			24/7		
24/7	7:30PM	RINGER LACTATE	IV	100 ml/hr			25/7		
25/7	12:30PM	RINGER LACTATE	IV	100 ml/hr			25/7		
		STOP on demand							

VERIFIED BY : Name ..... Signature .....

HNH-00015778 IP26-00006932
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MEDICATION RECONCILIATION FORM

Drug Allergies: ....nil..... ☐ Not known any Drug Allergies

Medication Reconciliation will be done at the time of admission and also whenever there is change in the treating team or shifting from one unit to another unit.
(Example: at the time of admission shifting from ICU to Ward, or Ward to ICUs)

Shifting From: ..... Shifted to: .....

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	Pan. Ca.	1tab	P/O	OD	24/1	☑ C ☐ ~~DC~~
2						☐ C ☐ DC
3						☐ C ☐ DC
4						☐ C ☐ DC
5						☐ C ☐ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr Swathi H V

Date & Time : 24/01/2026 @ 7AM.

Nurse Name & Signature: Accd

Date & Time : 24/1/26 7:00AM

Docu. No. : RCH / FRM / GENERAL / 090

HNH-00015778 IP26-00006932
Mrs SURYAPRAKASH PAYAL INNANI
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NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 24/7/26 Time: 4 pm

Origin: Indian Height: 158cm Weight: 66.10kg BMI: ☑ ~ 26 kg/m² ☐ ~ 28 kg/m² ☐ ~ 30 kg/m²

Food Allergies: No

Diagnosis: LSCS

Type of Diet: ☑ Liquid ☐ Soft ☐ Normal ☐ Diabetic
☑ Vegetarian ☐ Non-Vegetarian ☐ Vegan

Diet Advised:

Liquid Diet – ORS/ Coconut Water / Butter Milk / Barley Water / Soups

Normal Diet – Rice, Rotis, Dal and Soft Cooked Vegetables and Curd

Soft Diet – Soft Rice, Dal and Vegetable Curries Soft Cooked, Curd

Diabetic Diet – Brown Rice / Oats/ Dahlia/ Rotis, Dal and Vegetables and Curd (Avoid Roots / Tubers)

Patient's / Attendant's	Dietician's
Signature: Jhawar	Signature: Sobiya
Name: payal	Name: Syeda Sobiya Zaheer
Date & Time: 24/7/26 ; 4 pm	Date & Time: 24/7/26 ; 4 pm

DIETARY NOTES

Date	Time	Notes	Sign

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CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name: Dr. Padmaja	Date of Delivery: 24/7/26
Assistant Surgeon: Dr. priyadarshini, Dr. naveena	Time of Delivery: 9:44 am
Anaesthetist's Name: Dr. Ayesha	Gender of Baby: Male
Type of Anaesthesia: Spinal	Weight of Baby: 2.70 kg.
Neonatologist: Dr. Pranav	AGPAR Score: 8, 9
Scrub Nurse: Sr. Sangeetha.	NICU Admission: ☐ Yes ☑ No

Pre-Operative Diagnosis: Primigravida @ 38w 5d 1st day c 2 loops of Cord around the neck.

☑ Elective ☐ Emergency Indication: prim 2 loops of cord
↳ Maternal request

Urgency
- ☐ Immediate Threat to life of woman or fetus
- ☐ Maternal or fetal compromise not immediately life threatening
- ☑ No maternal or fetal compromise but needs early delivery
- ☐ Delivery timed to suit woman and staff

Decision time: ..... Knief to rectus: .....

CTG Description: Reactive

If there was a delay give the reasons: .....

Surgical Procedure: Elective Lower Segment Caesarean Section.

Post Operative Diagnosis: P1L1 POD-0

Peri-Operative Complications:

Amount of Blood Loss: | Blood Transfused (in ML): Nil

Name and Number of Surgical Specimen sent for examination:

Baby. delivered by Dr. Padmaja · uterine closure – Dr. Priya-darshini

Examination Findings when Appropriate:

Presentation: ☑ Cephalic ☐ Breech ☐ Other .... Cervical Dilatation: ....closed........ cm

5th Palpable: ....5/5th.... Fetal Position: ....

Station: ☑ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2 Moulding: ☐ None ☐ + ☐ ++ ☐ +++

Caput: ☐ + ☐ ++ ☐ +++ Meconium: ☐ None ☐ + ☐ ++ ☐ +++

Bladder Catheterized : ☑ Yes ☐ No Urine: ☑ Clear ☐ Blood Stained

---

Skin Incision: ☑ Pfannensteil ☐ Transverse ☐ Midline ☐ Other ....

Uterine Incision: ☑ Lower Segment ☐ Classical ☐ Inverted T ☐ J Incision

Previous Scar: ☐ Intact ☐ Thinnedout ☐ Ruptured ☑ No Scar

Incision Through Placenta: ☐ Yes ☑ No

Rt side cornual end of uterus – small subserosal fibroid identified

Delivery of head: ☑ Manual ☐ Forceps

Liquor: ☑ Clear ☐ Meconium: ☐ I ☐ II ☐ III ☐ Blood ☐ Offensive ☐ Not Offensive

Delivery of Placenta: ☐ Manual ☑ CCT .... ☑ Complete ☐ Incomplete ☐ Piecemeal

Cord Appearance: ....normal.... Cord around the neck ☑ Yes ☐ No

2 loop of cord around Neck

Appearance of placenta: ....normal.... Cavity explored ☐ Yes ☐ No

Uterus, tubes and ovaries: ☑ Normal ☐ Not Normal Sterilization: ☐ Yes ☐ No

---

Uterine Closure: ☐ One Layer ☑ Two Layers ....Vicryl no. 1.... Suture

Peritoneal Closure: ☐ Pelvic ☑ Abdominal ☐ None ....Catgut.... Suture

Sheath Closure: Yes ....Vicryl.... Suture

Fat Closure: ☑ Yes ☐ No ....Monocryl 3-0.... Suture

Skin Closure: ☑ Subcuticular ☐ Mattress ....Monocryl 3-0.... Suture

Vagineal Evacuated ☑ Yes ☐ No

Drain: ☐ Yes ☑ No ☐ Remove in .... days ☐ Await instructions

Ctheter ☑ Yes ☐ No ☐ Remove in .... days ☐ Await instructions

Swap & Instruments count correct? ☑ Yes ☐ No ☐ Post-op Antibiotics ☑ Yes ☐ No

Intra-Operative Antibiotics Cover: ☑ Yes ☐ No ☐ Thromboprophylaxis ☐ Yes ☑ No

Post-Operative Notes:

- NBM for 6hrs
- IV fluids
- Inj. Cefotaxime 1g IV BD
- Inj. pantop 40mg IV OD
- I/O charting
- w/f p/v bleeding
- monitor vitals
- Regards...

Doctor Name: Dr. Padmaja. Yelisetty Doctor Signature: Y. Padmaja P Yelisetty 52427

Date & Time: 24/07/20 @ 2pm

SURGICAL SAFETY CHECKLIST

HNH-00015778 IP26-00000
Mrs SURYAPRAKASH PAYAL INNANI
01-12-1995 30 Y 7 M 23 D (F)
Dr. PADMAJA YELISETTY

Surgeon : Dr. padmaja. Y
Asst. Surgeon : Dr. Patyadarshini
Anaesthetist : Dr. Durga bhavani
Scrub Nurse : Sr. Sangeetha

Age : 30Y Gender : F
Surgery Name : EL-LSCS
Date : 24/7/26 In-time : 9.20 Am Out-time : 10.20 Am

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Before Induction of Anaesthesia ➤➤

SIGN IN Time: 9:10 Am

Patient Has Confirmed	
Identity	☑ Yes ☐ No
Site	☐ Yes ☑ No
Procedure	☑ Yes ☐ No
Consent	☑ Yes ☐ No
Site Marked	☐ Yes ☐ No ☑ NA
Anaesthesia Safety Check Completed	☑ Yes ☐ No
Pulse Oximeter on Patient & Functioning	☑ Yes ☐ No
Does Patient have a:	
Known Allergy?	☐ Yes ☑ No
Difficult Airway / Aspiration Risk?	
Yes, & Equipment / Assistance Available	☐ Yes ☑ No
Risk of > 500ml Blood Loss (7ml/kg In Children)?	
Yes, and Adequate Intravenous Access and Fluids Planned	☑ Yes ☐ No ☐ NA
Blood Units Reserved	☐ Yes ☑ No ☐ NA
Has Antibiotic Prophylaxis been given within the last 60 minutes?	☑ Yes ☐ No ☐ NA

Signature : Dr. M.
Name : Dr. Durga Bhavani
24/7/26

Before Skin Incision ➤➤

TIME OUT Time: 9:33am

Confirm all team members have introduced themselves by Name and Role	☑ Yes ☐ No
Surgeon, Anaesthesia Professional and Nurse Verbally Confirm	
Correct Patient (Check ID Band)	☑ Yes ☐ No
Correct Site	☑ Yes ☐ No
Correct Procedure	☑ Yes ☐ No
Anticipated Critical Events	
Surgeon Reviews:	
What are the Critical or Unexpected Steps, Operative Duration, Anticipated Blood Loss? Bleeding 1hr 350ml	☑ Yes ☐ No ☐ NA
Anaesthesia Team Reviews:	
Are There Any Patient-specific Concerns?	☐ Yes ☑ No ☐ NA
Nursing Team Reviews: Bleeding.	
Has Sterility (including indicator results) Been Confirmed? are there Equipment issues or any Concerns?	☑ Yes ☐ No ☐ NA
Is Essential Imaging Displayed?	☑ Yes ☐ No ☐ NA

Signature : Puja @ 9:33am.
Name :

Before Patient Leaves Operating Room

SIGN OUT Time: 10:20am

Nurse Verbally Confirms with the Team:	
The Name of the Procedure Recorded	☑ Yes ☐ No
That Instrument, Sponge and Needle Counts are Correct (or Not Applicable)	☑ Yes ☐ No ☐ NA
The Specimen is Labelled (including patient name)	☑ Yes ☐ No ☐ NA
Whether there are any Equipment Problems to be addressed	☑ Yes ☐ No ☐ NA
To Surgeon, Anaesthetist and Nurse:	
What are the key concerns for recovery and management of this patient?	☑ Yes ☐ No

Signature :
Name : Dr. Priyadarsini

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Mrs SURYAPRAKASH PAYAL INNANI
01-12-1995 30 Y 7 M 23 D (F)
Dr. PADMAJA YELISETTY

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OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 24/4/26 Time of Arrival: 6:33 Am Time Seen by Nurse: 6:34 Am

1) **Level of Consciousness:** ☑ Conscious ☐ Semi-Conscious ☐ UnConscious

2) **Chief Complaint (Reason for Visit):** (Circle the item as appropriate)

- ☐ Severe Pain / Moderate Pain
- ☐ Bleeding PV: Slight / Heavy
- ☐ Decreased Fetal Movement
- ☐ No Fetal Movement
- ☐ Preterm rupture of Membranes / Leaking Water PV
- ☐ Preterm Labor/ Labor
- ☐ Spontaneous Rupture of Membrane / Leaking Water PV
- ☐ Other Reason: .....

3) **Vital Signs:** Temperature: 97.6F Pulse: 87 RR: 20 SpO_2: 100 BP: 123/73 Weight: .....

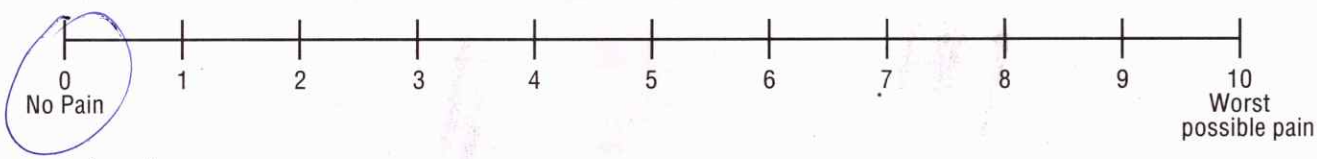
4) **Gestational Criteria:**

Gravida:	G	P	L	A

LMP: 30/10/25 EDD: 6/8/2026 Gestational Age: 38 weeks

Uterine Contraction	☐ Yes	☐ No	☐ NA	Onset	Time	Frequency:
Membrane Rupture	☐ Yes	☐ No	☐ NA	Onset	Time	Fluid Color:
Vaginal bleeding	☐ Yes	☐ No	☐ NA	Onset	Time	Amount:
Pre Eclampsia Symptoms	☐ Yes	☐ No	☐ NA	If Yes specify: Headache / Visual Symptoms / Pain Abdomen / Vomiting		
Good fetal Movement	☐ Yes	☐ No	☐ NA	If No specify:		

5) **Pain Screening:** **Numerical Pain Scale (NPS)**



- Location: .....
- Duration: ..... Days / Weeks/ Months (Strike out which is not applicable)
- Character: N/A
- Frequency: .....
- Interventions: .....

.....

6) **Past History:**

a) Surgeries: N/A

b) Medical: .....

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7) **Allergy:** ☐ Yes ☑ No, If Yes : .....

8) **Current Medications:** ☐ Prenatal Vitamin ☐ None ☐ Others: .....

9) **Prenatal Medical History:**

☐ None
☑ Chronic Hypertension
☐ Gestational Hypertension
☐ Diabetes
☐ Gestational Diabetes
☐ Low placenta
☐ Others if yes, specify .....

Triage Category: (Please tick on the category)

Refer to OBSTETRICAL TRIAGE ACUITY SCALE (OTAS)

☐ **Category I:** Resuscitative (Time to Physician: Immediate & Reassessment: Continuous nursing care)
☐ **Category II:** Emergent (Time to Physician: ≤ 15 minutes & Reassessment: Every 15 minutes)
☐ **Category III:** Urgent (Time to Physician: ≤ 30 minutes & Reassessment: Every 15 minutes)
☑ **Category IV:** Less Urgent (Time to Physician: ≤ 60 minutes & Reassessment: Every 30 minutes)
☐ **Category V:** Non Urgent (Time to Physician: ≤ 120 minutes & Reassessment: Every 60 minutes)

OBCU Obstetrical Triage Acuity Scale (OTAS)

OTAS	Level 1 (Resuscitative)	Level 2 (Emergent)	Level 3 (Urgent)	Level 4 (Less Urgent)	Level 5 (Non Urgent)
Level 1 (Resuscitative)	**Immediate**	**≤ 15 minutes**	**≤ 30 minutes**	**≤ 60 minutes**	**≤ 120 minutes (2 Hours)**
Re-Assessment	**Continuous Nursing Care**	**Every 15 Minutes**	**Every 15 Minutes**	**Every 30 Minutes**	**Every 60 Minutes**
Labour / Fluid	Imminent Birth	Suspected Pre-term Labour / PPROM < 37 Weeks	Signs of Active Labour > 37 weeks	Signs of Early Labour/ SROM > 37 weeks	Discomforts of Pregnancy
Bleeding	Active Vaginal bleeding with/ without abdominal pain	Bleeding associated with cramping (<spotting) <37 weeks	Bleeding associated with cramping (>spotting) >37 weeks	Spotting	
Hypertension	Seizure activity	Hypertension > 160/110 and / or headache, visual disturbance, RUQ pain	Mild hypertension >140/90 with/without associated signs and symptoms		
Fetal Assessment	Abnormal FHR tracing Non-Fetal Movement	Atypical FHR tracing, abnormal dopplers Diseased fetal movement			
Others	• Acute onsite severe abdominal pain • Altered level of consciousness • Cord prolapse • Severe respiratory distress • Suspected sepsis	• Major trauma • Shortness of breath • Unplanned and unattended birth	• Abdominal/back pain greater than expected in pregnancy • Flank pain / hematuria • Nausea /vomiting and /or diarrhea with suspected dehydration	• Ongoing assessment from out patient clinic (for hypertension, blood work) • Minor trauma (minor MVC/fall) • Nausea/Vomiting and /or diarrhea • Signs of infection (ie dysuria ,cough, fever, chills)	• Anything that does not seem to pose threat to mother or fetus • Cervical ripening • Out patient placenta previa protocols • Pre-booked visits (ie Rh and progesterone injections, NST • Assessment for version • Rashes

Time seen by Doctor: .....6.35 AM.....

Nurse Name : ..... Nurse Signature: .....

Date: .....29-Feb..... Time: .....8 AM.....

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OBSTETRICS / GYNECOLOGY
NURSING INITIAL ASSESSMENT FORM

Date of Admission: 24/7/26

Baseline Information:

Admission From: ☐ ER ☐ OPD ☑ Admission Desk ☐ Others, specify .....

Primary Language: ☑ Telugu ☑ English ☐ Hindi ☐ Others, specify .....

Do you require an interpreter? ☐ Yes ☑ No if Yes specify .....

Source of Information: ☐ Patient ☑ Family ☐ Others, specify .....

Allergies: ☐ Yes ☑ No ☐ Medications ☐ Blood Transfusion ☐ Food ☐ Other: .....

If yes , identify .....

Chief Complaints: ..... Doctor Notified on Admission: ☑ Yes ☐ No

FL - LSCS ..... Name of the Doctor: Dr Swathi

..... Time Notified: .....

Past Medical History: Obtained From ☐ Patient ☐ Family Member ☐ Medical Record ☐ Other (specify) .....

Past Medical History	Past Surgical History	Previous Hospital Admission
Nil	Nil	No

Gynecology Assessment: ☐ Not Applicable

Menstrual History: .....

Regulare .....

Onset of Menarche: .....

Menstrual Cycle: ☐ Regular ☐ Irregular

Last Menstrual Period: .....

Gynecology Surgical History:

Caesarean Section: ☐ No ☐ Yes

Cervical Cerclage: ☑ No ☐ Yes

Ectopic Pregnancy: ☑ No ☐ Yes

Myomectomy: ☑ No ☐ Yes

Others: _____

Gynecological History:

Contraceptives: ☑ No ☐ Yes

Vaginal Discharge: ☑ No ☐ Yes

Post-Coital Bleeding: ☐ No ☑ Yes

Infertility: ☑ No ☐ Yes

If Yes Type: ☐ Primary ☐ Secondary

Obstetric History: G ..... P ..... L ..... A .....

Previous LSCS: NIL .....

Current Medication: ☑ None ☐ Yes, If Yes, Fill the reconciliation form

Family History: ☑ No Abnormalities Detected

☐ Heart Disease ☐ Hypertension ☐ Diabetes ☐ Stroke ☐ Seizures ☐ Kidney disease

☐ Liver disease ☐ Other .....

Vital Signs / Measurements: Temp: 97.6F HR: 84 RR: 20

BP: 122/73 Weight: 66.4 Height: 158 cm BMI: —

Pain Assessment: **Pain:** ☐ Yes ☑ No (If Yes, complete the Pain Assessment / Reassessment Form)

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Mrs SURYAPRAKASH PAYAL INNANI
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PHYSICAL ASSESSMENT

General Appearance: ☑ Healthy ☐ ill looking ☐ Anxious ☐ Agitated ☐ Others: .....

Fall Assessment: ☑ Yes ☐ No Score ..... (complete the Morse Fall Risk Assessment Sheet)

Risk of Pressure Sore: ☑ Yes ☐ No Score ..... (complete the Braden Q Sheet)

FUNCTIONAL SCREENING: If a patient needs assistance with any of the following inform consultant

☐ Mobility problem ☐ Walking Problem ☑ No Abnormality Detected

☐ Developmental Delay ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING: ☑ No Abnormality Detected

☐ Overweight ☐ Poor Appetite > 3 Days ☐ Needs Therapeutic Diet.

☐ Under Weight ☐ Diabetes Mellitus ☐ Hyperemesis Gravidarum

Inform consultant for positive criteria

PSYCHOLOGICAL SCREENING:

☑ Calm & Cooperative ☐ Restless ☐ Depressed ☐ Agitated ☐ Confused

☐ Others .....

Inform consultant for positive criteria

SOCIAL SCREENING:

1. **Marital Status:** ☐ Single ☑ Married ☐ Divorced ☐ Widow
2. **Special Habits:** **Smoker:** ☐ Yes ☑ No **Alcohol Abuse:** ☐ Yes ☑ No **Drug Abuse:** ☐ Yes ☑ No

Social History: Lives With ..... Husband .....

Orientation has been given regarding the following aspects:

Call Bell in Reach : ☑ Yes ☐ No Waste Disposal Explained: ☑ Yes ☐ No

Infusion Pump : ☑ Yes ☐ No Hand Hygiene Explained: ☑ Yes ☐ No ☐ Others

Above information given to ..... Patient .....

Name of Person Orientation was given to: ..... Mrs. Payal Innani .....

Orientation not given Reason: .....

Nurse Signature: .....

Nurse Name: .....

Date & Time: .....

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Mrs SURYAPRAKASH PAYAL INNANI
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BREAST FEEDING HANDOVER AND ASSESSMENT FORM

1. Breastfeeding initiated?
   - ☑ a. Yes
   - ☐ b. No

2. If No, Reason .....

3. Nipple condition:
   - ☑ a. Nipple well formed
   - ☐ b. Flat nipple
   - ☐ c. Inverted nipple
   - ☐ d. Short nipple

4. Milk flow:
   - ☐ a. Good
   - ☑ b. Drops of colostrums
   - ☐ c. Dry

5. Steps for Positioning and attachment:
   - ☐ a. Baby goes to the breast
   - ☐ b. Mother always sits with a back support
   - ☐ c. Ear-shoulder-hip should be in a straight line
   - ☐ d. The baby takes a latch on the areola and not on the nipple

Feeding Positions:
Cross Cradle

Feeding Positions:
Football / Clutch

6. Was the position explained:
   - ☐ a. Yes
   - ☐ b. No

7. For Caesarian mothers:
   - ☐ a. Mother is required sit and feed from the 4th feed
   - ☐ b. Please explain football hold

8. NICU admission: NO
   - ☐ a. Mother needs to stimulate her breast for 2 min every 2 hours

9. Additional notes: ....

Continuity of Care: Date: 24/7

→ Assess the pt condition
→ Vital are checked & recorded
→ I/O chart mained
→ 2nd hourly DBP given

Handover given by Sujatha

Signature [signature]

Date & Time: 24/7/26 @ 2 pm

Handover taken by Sr. Sandhya

Signature [signature]

Date & Time: 24/7/26 @ 3:15 pm.

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

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Patient Name : SURYA PRAKASH PAYAL INNANI Gender: ☐ Male ☒ Female Age : 30/F

UHID No : HNH - 00015778 Date : 24/07/2026

Instruction:

This consent form should be signed by Patient (If an adult 18 years or older) or by a parent / guardian, if the patient is a minor or lacks the ability to make an informed decision. The purpose of this form is to verify that you have received this information and have given your consent to the surgery or special procedure recommended to you.

I hereby authorize the performance of the following operation (s) or procedure (s) (use no abbreviation / Avoid technical terms)

ELECTIVE LOWER SEGMENT CESAREAN SECTION

upon

Mrs SURYA PRAKASH PAYAL INNANI (Name of the Patient)

I have been advised of the benefits and reason of the procedure(s) as indicated by the clinical observations and / or diagnostics performed. I recognized that the practice of medicine is as much an art as a science and therefore acknowledge that no guarantees have been or can be made regarding the likelihood of success or outcomes. My questions regarding the condition, the proposed surgery and the outcome have been answered to my satisfaction prior to signing this form by the surgeon.

I have been explained the risks of this surgery /procedure and also about the reasonable alternative and the relevant risks, benefits and side effects related to such alternatives, including the possible results of not receiving care or treatment.

I have been explained that the following complications though rare are possible and will not hold Surgeon, Anesthesiologist or the hospital staff responsible for any untoward event thereof.

EXCESS BLOOD LOSS, NEED OF BLOOD & BLOOD PRODUCT TRANSFUSION, INJURY TO BOWEL, BLADDER, OTHER VITAL STRUCTURES; INJURY TO BABY RISK OF DEEP VEIN THROMBOSIS, THROMBOEMBOLISM; RISK OF INFECTION

My signature on this form indicates that

1. I have read and understood the information provided in this form
2. My doctor had adequately explained to me the operation or procedure along with the complications written above, along with the risks, benefits and other information.
3. I have had a chance to ask my surgeon questions.
4. I have received all the information I desire concerning the operation or procedure and
5. I authorize the consent to the performance of the operation or procedure.

Name of the Doctor who is performing the Surgery / Procedure: Dr Padmaja. Y.

Consentee :

Signature : Payal

Name : PAYAL INNANI

Date & Time : 24/07/2026 @ 7:45 AM

Witness :

Signature : Suj

Name : Sujatha

Date & Time : 24/7/26 @ 7:45 Am

Patient Attendant :

Signature : Jhawar

Name : PANKAJ JHAWAR

Relationship with Patient: Husband

Date & Time : 24/07/2026

Doctor (who is taking the consent) :

Signature : DR. SUJATHA. HV

Name : Kavitha

Date & Time : 24/07/2026 @ 8PM

CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MONITORED ANESTHESIA CARE

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Patient Name : Mrs. Suryaprakash payal Unari Age : ..... Gender : Male ☐ Female ☐

UHID NO: HNH-15778 Surgeon Name: Dr Padmaja Jeliselly

Anaesthesiologist : Dr Aycsha

Operative procedure planned : LSCS.

PLEASE READ THIS BEFORE YOU CONSENT FOR ANAESTHESIA

General anaesthesia involves rendering a patient unconscious before an operation. This ensures the patient is not aware of events and does not feel pain during the operation. Drugs given through a vein and / or inhaled from an anaesthesia machine produce it. Regional anaesthesia involves using a local anaesthetic to numb a specific area of the body for surgery: Prolonged pain relief without numbness can be achieved by infusing weak solutions of local anesthetics arid narcotic drugs to particular parts of the body after surgery or injury, using catheters.

Specific High Risk (s) : The doctors have explained to me the details of the high risk involved due to the following medical problems and I have sought necessary clarification on all my doubts.

☐ Heart disease ☐ Hypertension ☐ Diabetes mellitus ☐ Renal failure

☐ Hepatic disorders ☐ Shock ☐ Multiple organ failure ☐ Polytrauma / Renal Tubular Aacidosis

☐ Incapacitating Cronic Obstructive Pulmonary Disease

☐ Others : Bleeding / Need for transfusion (Rh)

Comments : .....

- Doctor to document in medical record also if necessary (Cross-out if not applicable)

DECLARATION BY PATIENT / GUARDIAN / PROXY

I hereby authorize Rainbow Hospital & its authorized doctors to perform upon me / my patient ..... the above mentioned operation / Diagnostic / Therapeutic procedures .....

I authorize and give consent for anaesthesia (☐ Regional / ☐ General Anesthesia / ☐ Monitored Anesthesia Care as considered appropriate by the anaesthetic team.

I acknowledge that the anaesthetists have informed me about the anaesthetic procedure, risk, benefits and alternative treatments and answered my specific queries and concerns about this matter. I have read and understood the information provided in this form I acknowledge that I have discussed with the anaesthetists any significant risk and Complications specific to my individual circumstances, and I have considered them before Consenting for anesthesia.

I understand that there are some infrequent complications that can occur due to use of anaesthesia, these include pain or some injury at the site of injections, temporary breathing difficulties, asthmatic reactions, headaches.

I authorize the anaesthetic team to perform any additional procedures (for example, Central Venous Pressure line, arterial line, use of nerve blocks for pain relief, changing from regional to general anaesthesia etc), which are considered necessary by them during the course of surgery.

That I authorize and give consent to the team of doctors attending on me to administer blood products during the course of operative period and immediately thereafter in need arises.

I understand that the above mentioned consultant anesthesiologist or occasionally a colleague deputed by him / her will administer the Anaesthesia.

- Pregnant : ☑ Yes ☐ No

DECLARATION BY THE ANAESTHETISTS PROVIDING INFORMATION FOR THIS CONSENT

I declare that I have explained the nature of General Anaesthesia / Regional Anaesthesia / Monitored Anesthesia Care to be given and discussed the risks that particularly concern this patient.

I have given the patient an opportunity to ask questions and I have answered these.

Patient / Patient Attendant :

Signature : Payal

Name : .....

Relationship with Patient: .....

Date & Time : 24/7/26 @ 7:45 AM

Witness :

Signature : Thakur

Name : PANKAJ THAKUR

Date & Time : 26/07/2026

Doctor (who is taking the consent) :

Signature : .....

Name : Dr. Sanvi Chayal

Date & Time : 24/7 at 7:45 am

Department of Anaesthesiology

PRE-ANAESTHETIC EVALUATION

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Name: Mrs. Suryaprakash Payal Tiwari Age: 30y Sex: female UHID.No : HNH-157778

Date: 15/7 Time: Proposed Operation: LSCS (24/7)

Diagnosis: Primi at 36+6 wk.

B.P / CRT: 121/73 H.R: Weight: 65.9 ASA Physical Status: ☐ 1 ☑ 2 ☐ 3 ☐ 4 ☐ 5

Laboratory Data:

Hgb: 11.6	Glucose:	Protein:	HIV:	X-Ray:
PCV:	Urea:	Alb:	HBS Ag: NR	ECG:
WBC:	Creat:	Total Bill:	HCV:	2D Echo:
Plate: 3.5 Lakh	Na:	Dir. Bill:	Blood group: B pos	Stress/Anglo:
PT:	K:	LDH:	T3	Other:
PTT:	Ca++:	Alk phos:	T4	
INR:	Mg++:	Amylase:	TSH	
	Cl -:	SGOT/SGPT:		

Allergies: NKDA

Medical History: CVS : /

RESP : Patient fit & healthy Diabetes :

CNS : No significant medical history

Renal : Regular / AWES - uneventful

Hepatic / GE : / Physical Activity: Good. NYHA-I

Others : /

Past Anaesthetic History: dental procedures & LA

Physical Exam: coherent

Airway: MP 1 (2) 3 4 Mouth Opening: adq Mentohyoid Distance: 3FB Neck: (N) Teeth: fixed caps

Lungs : / clear clinically.

Heart:

CNS:

Pregnant: ☐ Yes ☐ No ☐ NA Venous Access Site: Left Cephalic Spine Exam for regional : midline

Anaesthetic Plan: ☐ MAC ☐ REGIONAL ☐ GA-ETT ☐ LMA

Peri-Operative Plan Explained to the Patient: ☑ Yes ☐ No

CURRENT MEDICATIONS	DOSAGE
Fe/Ca/MVT	

Pre-Operative Instructions:

1. DVT Prophylaxis : 12AM - SOLIDS
2. NIL ORAL → Water / ORS 2 Hours; Others 6 Hours — 6AM - WATER
3. Informed Consent: ☐ Standard ☐ High Risk
4. Post Operative Pain Management: ☐ Discussed with Patient
5. Other Instructions: JUICE/MILK
   - CBP to be done

Signature: Name: Dr. Laxmi Anayath

Docu. No. : RCH /FRM / CLINICAL / 044

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ANAESTHESIA CHART

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Change in Patient Condition: ☐ Yes ☑ No	Fasting Status: Confirmed

Physical Status: ☑ Patient Identified ☑ Consent Present ☑ Chart Reviewed

H.R: 101 | B.P / CRT: 150/70 | SpO_2: 99% | R.R: 15/min | Last Feed: >8h

Pre-OP Diagnosis: Primi | Operation: El. LS | Date: 24/7/26

Surgeon: Dr. Padmaja / Dr. Priyadarshini | Anaesthesiologist: Dr. Dneyeshwari | Technician: Pallavi

TIME	9:15AM			10:20AM	
N_2O /AIR /O_2 LPM					
HALO /SO /SEVO					
Drugs:					
INJ. OXYTOCIN		3U IV			
FIO$_2$ / SaO$_2$	99	99	99	99	
ETCO$_2$					
ECG	NAD	NAD	NAD	NAD	
Temperature					
Urine Output					
Fluids / Blood	RL — RL c 10U Oxytocin — RL c 10U Oxytocin				

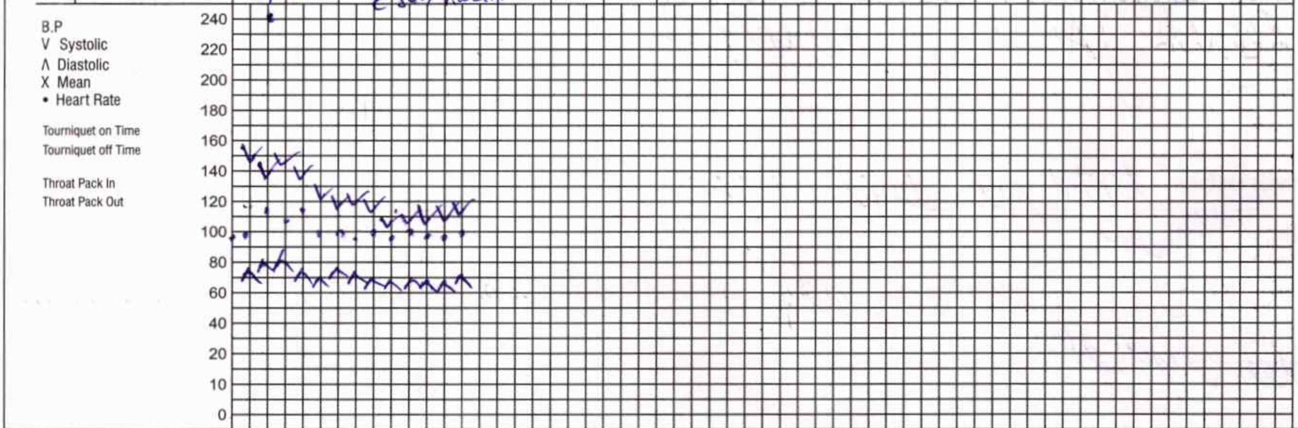
Antibiotic:

Suppository: PR Diclofenac 100mg

Tramadol 100mg

Blood Loss:

NOTES: Baby delivered @ 09:44AM



LAB Values: ABG | GRBS | Others

☑ Equipment Checked and Functional ☑ BP ☑ Cuff Site: RUL ☐ Art Site: .... ☑ EKG Lead: 3 lead ☐ Temp Site ☐ FIO_2 Monitor ☐ Agent Monitor ☑ Pulse Oximeter ☐ Capnograph ☐ Ventilator ☐ Nerve Stimulator **Position:** SUPINE ☑ Pressure Points Checked **Eye Care:** ☐ Oint ☐ Tape ☐ Padding ☑ Awake	**Temp:** ☐ HME ☐ Fluid Warmer ☐ Cling Film ☐ OH Warmer ☐ Hugger's ☐ Cotton Wool ☑ Other: Blanket **Times:** Anaes Start: 9:20AM OP Start: ↓ OP End: .... Leave OR: 10:20AM **Anaesthesia:** ☐ GA ☐ Monitored Anaesthesia Care ☑ Regional **Line (Size & Location)** ☐ CVP: .... ☐ ART: .... ☑ IV: LUL ☐ IV: .... ☐ IV:	**Induction** ☐ IV ☐ Inhal ☐ Pre O_2 ☐ RSI ☐ Others ☐ Mask ☐ SGA ☐ Airway ☐ Oral ☐ Nasal ETT# .... at .... cm ☐ Oral ☐ Nasal ☐ Cuff ☐ Tracheostomy ☐ Topical ☐ Drug: .... ☐ Awake ☐ Direct Vision ☐ Video Laryngoscopy ☐ Stylette / Bougie ☐ Fiberoptic Blade# .... Attempts: .... Difficulty Why? .... ☐ **Bilat = BS** ☐ Semi-Closed Circle ☐ Closed Circle ☐ Other	**Regional:** Extremity Specify: .... ☑ Spinal ☐ Epidural ☐ Caudal Others: .... Position: Sitting Site: L3-L4 Needle Size: 25G Whitacre Depth: .... Parasthesia ☐ Yes ☐ No Catheter at skin .... cm Drug Name & Conc: 0.5% (H) Bupivacaine Bolus: 2ml + 90 µg Buprenorphine Infusion: .... Block Level: T4 Comments: .... Transportation to ☑ PACU ☐ ICU ☐ Other Relaxant Reversed ☐ Yes ☐ No ☑ NA Name of the Doctor: Dr. Dneyeshwari Signature of the Doctor: [signature]

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Mrs SURYAPRAKASH PAYAL INNANI
01-12-1995 30 Y 7 M 23 D (F)
Dr. PADMAJA YELISETTY

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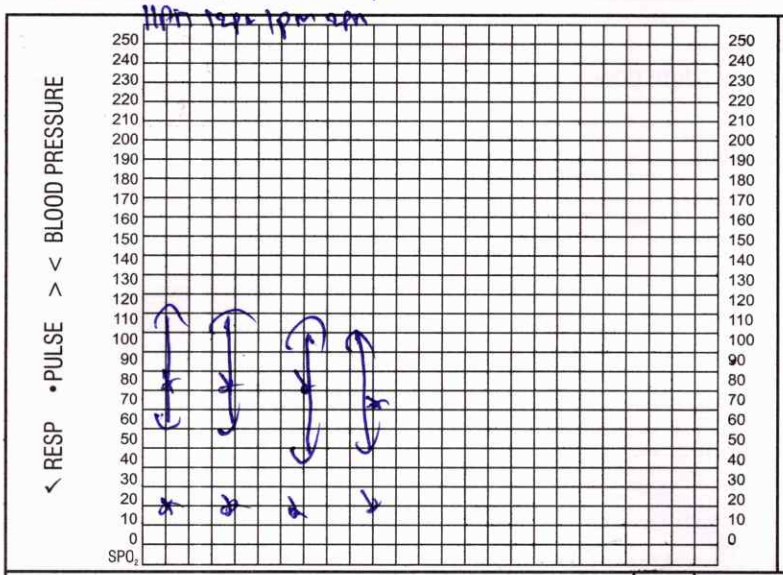
E UNIT RECORD

Received in PACU by : Sujatha Time Received : 10:30 AM Time Discharged : .....



IV Cannula Site : .....

- ☐ O_2 Mask
- ☐ Nasal Prongs
- ☐ Tracheostomy
- ☐ T-Piece
- ☐ Oral Airway
- ☐ Nasal Airway

Vomiting :	☐ Yes	☑ No	Drug: SNT / tarIME 1gm
NG Tube :	☐ Yes	☑ No	
Drain:	☐ Yes	☑ No	
Urinary Catheter:	☑ Yes	☐ No	
Chest Tube:	☐ Yes	☑ No	
Nil Oral	☐ Yes	☑ No	

IV Fluids: RL
Oral Feeds: NBM

POST ANAESTHESIA SCORE (Modified Aldrete Score)			IN	MINUTES 30	60	90	OUT	SCORING INTERPRETATION
Able to move 4 extremities voluntary or on command Able to move 2 extremities voluntary or on command Able to move 0 extremities voluntary or on command	= 2 = 1 = 0	ACTIVITY		1	2	2	2	A Minimum Total Score of 8 is Required for Discharge
Able to deep breathe & cough freely Dyspnea or limited breathing Apneic	= 2 = 1 = 0	RESPIRATION		2	2	2	2	Exceptions to this, are to be explained in the space below by the Discharging Physician:
BP ± 20 of Pre Anaesthetic leve BP ± 20-50 of Pre Anaesthetic leve BP ± 50 of Pre Anaesthetic leve	= 2 = 1 = 0	CIRCULATION		2	2	2	2	
Fully awake Arousable on calling Not responding	= 2 = 1 = 0	CONSCIOUSNESS		2	2	2	2	
Pink Pale, dusky, blotchy, jaundiced, other Cyanotic	= 2 = 1 = 0	COLOR		2	2	2	2	
		TOTAL		9	10	10	10	

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
24/7	11AM	0	NA	Sj
24/7	12PM	0	NA	Sj
24/7	1PM	0	NA	Sj

Pain Tool Used: ☐ N PASS ☐ FLACC ☐ Wong Baker ☐ NPS

Anaesthesiologist Name : Dr. SK Ayesha
Anaesthesiologist Signature: .....
Date & Time: 24/07/26 @ 2pm

PACU Nurse Name : Sujatha
PACU Nurse Signature: Sj
Date & Time: 24/7/26 @ 2PM

Reassessment Frequency:
1. Every eight hours for all hospitalized patients.
2. For post surgical patient, patient with chronic pain, patient with severe pain
   a. Every 2 hours for first 24 hours
   b. After 24 hours every 4 hours
   c. Prior to pain reliving intervention
   d. With in 30-60 minutes after pain relief intervention

Transferred to Unit by (PACU): .....
Date & Time: 24/7/26 @ 2PM

Patient Sticker

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Department of Anaesthesiology

EPIDURAL ANALGESIA RECORD

Date: ..... Time: ..... Procedure done by .....

CSE /Spinal /Epidural Position : ..... Space :..... Technique (LOR/LOS) .....

Depth: ..... Catheter at Skin: ..... Attempts : .....

Parasthesia : Yes/No if yes details : .....

Solution Composition : .....

Any other issues :

a) .....

b) .....

Time	Infusion Rate (ml/hr)	Bolus (ml)	Level		Maternal		FHR	Comments
			Left	Right	BP	Pulse		

Delivery Details : Time : ..... APGAR: ..... SVD / Instrumental / LSCS (if LSCS Details)

Catheter Removed by and Tip Inspected : .....

Patient Satisfaction : .....

Discharge /Shifting ordered by

Doctor Signature: .....

Doctor Name: .....

Date and Time : .....

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
HNH-00015778 IP26-00006932 Mrs SURYAPRAKASH PAYAL INNANI 01-12-1995 30 Y 7 M 23 D (F) Dr. PADMAJA YELISETTY	24/1/26 @ 6:33 AM	24/1/26 @ 8:38 AM
	Transfer Ordered by Dr. Swathi	**Reason for Transfer** E1 - LLG
From Unit Pre - post	**To Unit** OT	**Information to Attendant** Yes ☑ No ☐
Number of Sheets in Clinical File 35	**Number of Imaging Films** 1	**Personal belongings including clinical documents. If any handed over to attendant** Yes ☐ No ☑ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	H 500ml - 1	
2.		
3.		
4.		
5.		

Shifting Summary / Notes Written by Doctor : Yes ☑ No ☐

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sis Afreen [signature]	DR. Swathi

Patient & Clinical Records Received by : Puja

Date & Time of Patient Received : 24/1/26 @ 8:40am.

If the transfer order time & Completion time is more than 30 minutes, please tick the reason mentioned below :

☐ Unavailable Bed ☐ Nurse not Available ☐ Available Bed not ready

Docu. No. : RCH /FRM / CLINICAL / 102

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
HNH-00015778 IP26-00006932 Mrs SURYAPRAKASH PAYAL INNANI 01-12-1995 30 Y 7 M 23 D (F) Dr. PADMAJA YELISETTY	24/7/26 @ 6:33 AM	24/7/26 @ 3:15 PM
	Transfer Ordered by DR. Naveena	Reason for Transfer observation
From Unit Pre - post	To Unit Room	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 30	Number of Imaging Films -1-	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	RI Room.	(1)
2.		
3.		
4.		
5.		

Shifting Summary / Notes Written by Doctor : Yes ☐ No ☐

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sis. Sujatha.	DR. Naveena

Patient & Clinical Records Received by :
Sr Sandhya

Date & Time of Patient Received : 24/7/26 @ 3:15 pm.

If the transfer order time & Completion time is more than 30 minutes, please tick the reason mentioned below :

☐ Unavailable Bed ☐ Nurse not Available ☐ Available Bed not ready

PATIENT TRANSFER FORM

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HNH-00015778 IP26-00006932
Mrs SURYAPRAKASH PAYAL INNANI
01-12-1995 30 Y 7 M 23 D (F)
Dr. PADMAJA YELISETTY

	Date & Time of Admission	Date & Time of Transfer Order
	24/7/26 @ 6:33am	24/7/26 @ 10:30am.
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
	Dr-Durga Bhanu	observation
From Unit	**To Unit**	**Information to Attendant**
OT	prepost	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
30	-1-	Yes ☐ No ☑
		If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	Rh	1
2.		
3.		
4.		
5.		

Shifting Summary / Notes Written by Doctor : Yes ☑ No ☐

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sis-Puja	Dr. Durga Bhanu

Patient & Clinical Records Received by : Sujatha

Date & Time of Patient Received : 24/7/26 @ 10:30 AM

If the transfer order time & Completion time is more than 30 minutes, please tick the reason mentioned below :

☐ Unavailable Bed ☐ Nurse not Available ☐ Available Bed not ready

26-0002164 26

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NARCOTIC PRESCRIPTION FORM
(PATIENT COPY)

Patient Name: Mrs Suryaprakash Payal INNANI	Age: 30Y	Gender: Female	
UHID No: INH - 0001577 8	IP No: 26-0000693 2	Date: 24/7/26	Time: 7:16 AM
Diagnosis: tscs (Ward - OT)			

PRESCRIPTION DETAILS (Tick only one of the following)

S.No	Drug Name	Dosage	Remarks
1.	Fentanyl Citrate Inj. 50mcg/Ml	100MCG	01 Amp
2.	Morphine Sulphate Inj. 15mg/Ml		
3.	Remifentanil Hydrochloride Inj. 2MG		
4.	Remifentanil Hydrochloride inj. 1MG		

Doctor Name: SWATHI. HV

Doctor Registration No: TSMC 15501.

Signature: Swathi

NARCOTIC DISPENSING FORM
APPENDIX 4 – FORM NO. 3E
(Details of the Patient to whom Essential Narcotic Drugs Dispensed)

IP Registration No: 26-000069 J2 **Date:** 24/7/26

Aadhaar No. of the Patient (Optional): .....

1.	**Name :** Mrs Suryaprakash Payal INNANI	**Remarks**
2.	Complete postal address (with contact number, if any)	Padma Nagar Secunderabad
3.	Brief description of the illness	tscs
4.	Whether registered with any other registered medical practioner / recognized medical institution (If yes, details of the recorded)	NO
5.	Details of essential Narcotic drug dispensed	INJ: Fentanyl

Date	Name of the Essential Narcotic Drugs	Quantity	Signature / Thumb Impression of the patient / Patient Attender	Remarks, if any
24/7	INJ: Fentanyl	01	Payal	

Dispensed by (Name & ID No.): Sonia (018462) Signature: Sonia

Received by (Name & ID No.): M Arvind Kumar (02157) Signature: AK

Time: .....

Docu. No: RCH / FRM / CLINICAL / 133

26-0000216426

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NARCOTIC PRESCRIPTION FORM
(MEDICAL RECORD)

Patient Name: Mrs Suryaprakash Patel INNANI		Age: 30Y	Gender: Female
UHID No: INNI-0001577	IP No: 26-0000691	Date: 24/7/21	Time: 7:16 AM
Diagnosis: LSCS (Ward-OT)			

PRESCRIPTION DETAILS (Tick only one of the following)

S.No	Drug Name	Dosage	Remarks
1.	Fentanyl Citrate Inj. 50mcg/Ml	100MCG	01 AMP
2.	Morphine Sulphate Inj. 15mg/Ml		
3.	Remifentanil Hydrochloride Inj. 2MG		
4.	Remifentanil Hydrochloride inj. 1MG		

Doctor Name: SWATHI. HV

Doctor Registration No: TSMC 15501.

Signature:

NARCOTIC DISPENSING FORM
APPENDIX 4 – FORM NO. 3E
(Details of the Patient to whom Essential Narcotic Drugs Dispensed)

IP Registration No: 26-0000691J2 Date: 24/7/21

Aadhaar No. of the Patient (Optional): .....

1.	Name : Mrs Suryaprakash Patel INNANI	Remarks
2.	Complete postal address (with contact number, if any)	Padma Nagar Secunderabad
3.	Brief description of the illness	LSCS
4.	Whether registered with any other registered medical practioner / recognized medical institution (If yes, details of the recorded)	NO
5.	Details of essential Narcotic drug dispensed	INJ: Fentanyl

Date	Name of the Essential Narcotic Drugs	Quantity	Signature / Thumb Impression of the patient / Patient Attender	Remarks, if any
24/7	INJ: Fentanyl	01	Patel	

Dispensed by (Name & ID No.): ..... Signature: Sonia

Received by (Name & ID No.): M Arvind Kumar (02157) Signature: AK

Time: .....

Docu. No: RCH / FRM / CLINICAL / 133